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ABSTRACT

The handbook details British Columbia's policies and systems to coordinate services for child abuse. The initial chapter presents an overview of the issue, focusing primarily on child abuse and the law, and considers such aspects as obligation to report and confidentiality. The remainder of the handbook specifies responsibilities and procedures for four governmental agencies: The Ministry of Human Resources (sexual abuse within and outside the home, physical abuse within and outside the home, and mandates and definitions); the Ministry of Attorney General (role of the justice system, policies, crown counsel, corrections, and the court system); the Ministry of Health (role of health professionals and of physicians in incidents of physical and sexual abuse); and the Ministry of Education (indications of possible abuse and neglect, the role of educators, reporting responsibilities). Included in appended materials are guidelines for investigative interviewing of child victims of sexual abuse and signals of possible abuse. (CL)

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Inter-Ministry
Child Abuse Handbook

A Co-ordinated Approach for Professionals
Dealing with Child Abuse in British Columbia

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DEDICATION

This revised edition of the Inter-Ministry Child Abuse Handbook is dedicated to the families and children of British Columbia in the hope that new information and improved co-ordination of response will continue to have an effect in reducing the incidence of child abuse.

In the six years since the first handbook was published, we have made significant progress in our responses to this serious problem. Changes in this edition present new inter-ministry approaches to dealing quickly and effectively with child abuse. This edition also includes more detail on the handling of sexual abuse situations which reflects new knowledge and expertise that have developed in recent years.

Child abuse affects us all. It has long-term effects on the community as a whole, since a child who suffers abuse may not fulfill his potential to become a healthy, productive adult. Children who suffer abuse tend to repeat the pattern of abuse when they become parents. Only by identifying abusive situations and finding help for families and children can we stop this pattern.

Every adult in this province is responsible for reporting any situation where a child may be in need of protection. Quick and co-ordinated action by professionals who work with families can reduce the child's suffering. It is my hope that this handbook will help us to accomplish a truly integrated approach to dealing with situations of child abuse.

Grace M. McCarthy,
Chairman, Social Services
Committee of Cabinet

INTER-MINISTRY CHILD ABUSE HANDBOOK

A Co-ordinated Approach for Professionals Dealing with Child Abuse in British Columbia

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COMPILED BY: MINISTRY OF EDUCATION
MINISTRY OF HEALTH
MINISTRY OF ATTORNEY GENERAL
MINISTRY OF HUMAN RESOURCES

PUBLISHED BY: THE MINISTRY OF HUMAN RESOURCES
THE HONOURABLE GRACE M. McCARTHY
MINISTER

Province of British Columbia

MANDATE

The Government of British Columbia has reflected its concern for children through legislation and mandated services aimed at preventing the occurrence and the tragic consequences of child abuse. This problem does not recognize jurisdictional or professional boundaries and demands a joint response. The Government is committed to a co-ordinated team approach involving ministries, key professionals and the community.

The Inter-Ministry Handbook, first introduced in 1979, has been revised and updated, reflecting changes in legislation and practice and includes new sections on child sexual abuse. The intent is to promote and assist a co-ordinated and sustained response to this serious problem in our society.

Grace McCarthy

Honourable Grace McCarthy
Minister of Human Resources

J.A. Nielsen

Honourable James Nielsen
Minister of Health

Jack Heinrich

Honourable John Heinrich
Minister of Education

Brian R D Smith

Honourable Brian Smith
Attorney General

THIS REVISED EDITION

This new and revised Inter-Ministry Child Abuse Handbook is intended to replace the first Child Abuse/Neglect Policy Handbook which was issued in 1979. If you have a copy of the old handbook, please be sure to replace it with this revised edition.

For the purpose of brevity we have used the term child abuse to refer to child abuse/neglect and child sexual abuse. In some instances these will be referred to specifically.

For purposes of simplicity, the term parent has been used in this handbook to include the biological parent, common-law partner of a natural parent, stepparent, legal guardian, foster parent or other relative assuming the role of parent in a child's life.

For the purposes of this document he and she are used interchangeably where sex is not specified. This is particularly important to note in references to child sexual abuse, as male children are also victims of sexual assault and abuse.

ACKNOWLEDGEMENT

We would like to acknowledge the fine job done by representatives of the four ministries involved in the revision of this handbook. Nan Walmsley of the Ministry of Human Resources, Linda Light of the Ministry of Attorney General, Ann Geddes of the Ministry of Health and Keith Forshaw of the Ministry of Education have consistently demonstrated what this handbook is all about: the co-ordination and co-operation of ministries working together.

We would also like to thank the British Columbia Medical Association for its assistance in providing us with a section relevant to doctors in this province, Dr. Georgia Immega and The British Columbia Medical Journal for permission to reprint an article by Dr. Immega concerning the physician's role in incidents of child sexual abuse and Mary Wells, Co-ordinator of Support Services for The Metropolitan Chairman's Special Committee on Child Abuse for allowing us to reprint her guidelines for use when interviewing victims of child sexual abuse.

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I. An Overview

A. WHY A NEW INTER-MINISTRY CHILD ABUSE HANDBOOK?

In 1979 an inter-ministry committee on child abuse and neglect issued a joint publication for use by professionals when dealing with suspected child abuse. That document, the first Child Abuse/Neglect Policy Handbook, was distributed to professionals throughout the province. The handbook was well received because of its timeliness and its clarification of the roles of various professionals who come into contact with child abuse situations.

Since that time many changes have taken place as a result of the growing knowledge related to this serious problem. Changes reflect not only a rising awareness but also an expanded expertise on the part of professionals who deal with child abuse. New knowledge concerning the dynamics and consequences of child abuse laid the groundwork for change in various ministries' policies and practices. The sharing of information and specialized skills on an informal and formalized basis has also expanded in recent years. The overall result of these changes is a more integrated approach when dealing with child abuse. All aspects of the process, detection, reporting, investigation and intervention, gain through the growing co-operation and sensitivity of the various professions involved.

Another important change has occurred in the area of legislation governing the protection of children in this province. The Family and Child Service Act was proclaimed in 1981. This legislation replaces the Protection of Children Act and reflects changes in child protection. It stresses the importance of the family and clarifies the role of the court in dealing with protection matters.

This revised Inter-Ministry Child Abuse Handbook has been produced co-operatively by the Ministries of Human Resources, Attorney General, Health and Education. It contains a good deal of new information of importance to professionals throughout the province.

The new handbook comprises four major sections, each addressing the policies, regulations, procedures and concerns specific to a particular ministry. Additionally, the sections of the Ministry of Human Resources and Ministry of Attorney General have been divided to address first the area of physical abuse and then specific policies and procedures relating to child sexual abuse.

The handbook is set up in a manner that provides easy access to important information for the professional. It spells out legal responsibilities and ministry policies and provides guidelines and helpful information. Users are encouraged to familiarize themselves with the entire handbook. No person dealing with the complex issue of child abuse operates in isolation from other professionals who will become involved. It is crucial that each group of professionals understand the role and responsibilities of other professionals with whom they may come in contact.

An important focus of this new handbook is co-ordination among various ministries and disciplines. Not only is this in the best interests of the child, it is also in the best interests of professionals to take advantage of the expertise and support of their colleagues and to acknowledge the important role that each plays in dealing with the problems of child abuse.

This revised handbook, therefore, serves three important functions:

1. **To communicate** policy and procedures of each of the involved ministries in order to ensure consistent practice throughout the Province of British Columbia.
2. **To encourage** a co-ordinated approach among various ministries and professionals.
3. **To provide** timely information to professionals.

B. CHILD ABUSE AND THE LAW

Before examining the specific responsibilities of various ministries, it is important to understand the laws under which these responsibilities are undertaken. Two major areas of law affect child abuse: child protection law as specified under the Family and Child Service Act of British Columbia and criminal law as specified under the Criminal Code of Canada.

In addition, the medical health officer has specific legal responsibility for the investigation of licensed facilities under the Community Care Facilities Licensing Act.

1. Child Protection Law

   Children are dependent on others for their safety and well-being and have a right to be protected from abuse and neglect. Protection of their children is the responsibility of parents and intervention by the State is necessary only when this primary protection breaks down.

   The responsibility for administration of the Family and Child Service Act rests with the Ministry of Human Resources. Section 1 of the Family and Child Service Act (1981) sets out the conditions under which a child would be in need of protection as:

   A child under 19 years of age who is:

   a) **Abused or neglected** so that his safety or well-being is endangered.

   b) **Abandoned.**

   c) **Deprived of necessary care** through the death, absence or disability of his parent.

   d) **Deprived of necessary medical attention.**

   e) **Absent from his home** in circumstances that endanger his safety or well-being.

2. Powers of the Superintendent of Family and Children's Services

The Family and Child Service Act is administered by the superintendent who is appointed by the Minister of Human Resources. The superintendent is required to direct the investigation of any reports that a child may be in need of protection. He is also required to keep records of all reports and investigations. The superintendent may delegate any of his powers, duties and functions under the Act. Persons delegated are acting under the direction of the superintendent.

Those powers and duties are delegated to social workers in the district offices of the Ministry of Human Resources. The RCMP and municipal police forces within the province are also delegated with the power to apprehend a child who is considered to be in need of protection. A police officer has specific power under the Act to apprehend without warrant a child who is believed to be in immediate physical danger.

3. Obligation to Report

The Act states very clearly the obligation and responsibility of any person who has reasonable grounds to believe a child may be in need of protection to report to the superintendent or a person delegated by the superintendent (social workers in district offices or social workers receiving reports through the Helpline for Children).

The Act also provides that this duty to report overrides any claim of confidentiality or privilege a person in a profession or occupation may claim, except that between solicitor and client[1].

No action may be taken against a person who reports under this section unless the report is malicious or without reasonable grounds.

The Act further states that a person who fails to report has committed an offence and may be prosecuted under the Offence Act.

4. Requirement to Investigate

The Act requires that when the superintendent or his delegate receives a report he shall investigate the circumstances. If access to the child is denied, the superintendent may apply for a warrant allowing him to have access to the child in order to investigate.

5. Authority to Apprehend

The superintendent has the power under the Act to apprehend without warrant any child who is believed to be in need of protection. A police officer may apprehend without warrant any child who is believed to be in need of protection and in immediate physical danger. A police officer apprehending a child is required to report immediately to the superintendent who assumes custody of the child.

It is clear from the Act that the first line of responsibility for the protection of children, following the primary parental responsibility, lies with the Superintendent of Family and

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[1] However, the Venereal Disease Act limits the sharing of all information gathered from the investigation and treatment of sexually transmitted disease. Health workers must obtain authorization from the Minister of Health to release the information that is not absolutely privileged.

Child Service, and delegated workers within the Ministry of Human Resources. **Because the Ministry of Human Resources has been charged with the responsibility to investigate all reports and has the power to intervene to protect children, it must be notified immediately of all circumstances in which there are reasonable grounds to believe child abuse may be occurring or may have occurred.**

It is important to note that under the law, regardless of internal procedures for many organizations, this obligation to report lies with the individual and has not been discharged until it is certain that a report has been made to the superintendent or his delegate.

6. Criminal Law

Aside from the powers derived from the Family and Child Service Act, the police are governed by a variety of provisions under the Criminal Code of Canada. These provisions cover a variety of possible situations in child abuse cases including various forms of sexual assault, acts of gross indecency, abandoning children, negligence, physical assault and abduction.

Police play an important role in child abuse intervention in areas such as apprehending children, assisting in the enforcement of warrants and gathering evidence for possible prosecution. Wherever there is alleged child abuse, there is the possibility that a criminal offence has been committed. **Any allegation of physical or sexual abuse must therefore be reported immediately to the police**, either directly, or by ensuring that a report is made to the police by the Ministry of Human Resources. In practice, a general guideline should be that it is better to report to the police and allow them to determine whether there are grounds for a criminal investigation than to wait to involve them, thus adversely affecting their ability to properly investigate and collect evidence.

7. Confidentiality

The paramount consideration in all issues of confidentiality must be the safety and wellbeing of the child. Section 7 of the Family and Child Service Act states that the duty to report suspected child abuse overrides the confidentiality requirement of all other professional relationships with the exception of that between solicitor and client.[2]

However, the matter of confidentiality is raised again in the investigation of reported child abuse. The Family and Child Service Act states, in part, that no person shall disclose information obtained under this Act except where disclosure is necessary to the administration of the Act. This exception is significant in that it recognizes the complex nature of child abuse situations. In the course of an investigation many professionals may become involved. Doctors and nurses, school teachers, police and justice officials and others who have had contact with the child or family may have important information to contribute to such an investigation. It is in the best interests of the child for those investigating to obtain as much information as necessary to effectively protect the child. The sharing of information with other professionals and persons involved may be necessary not only during the initial investigation but throughout the subsequent follow-up in many cases.

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[2] See footnote 1, page 3.

As a federal department, the RCMP is governed by the Privacy Act regarding the disclosure of personal information which they obtain during the course of an investigation. The release of such information may be made if the use is consistent with the purpose for which it was gathered (for example, a parallel Ministry of Human Resources investigation) or the information is such that it is customarily release to the public domain (for example, the name of a person charged and the charges laid).

It is understood that the sharing of information about a particular case or investigation must be handled judiciously. The Act, while recognizing the need for confidentiality, also acknowledges the importance of information sharing among professionals as an important element in child abuse investigations and intervention.

C. AN INTEGRATED APPROACH

Central to the approach taken by each of the ministries contributing to this handbook is a belief that the most effective response to all allegations of child abuse, at each step of the process of investigation, assessment, intervention and treatment, is one which is integrated and inter-ministerial. This means that except where there are legal restrictions governing confidentiality, information will be shared among the field practitioners of the four ministries. Whenever practical, consultation will take place prior to initiating an investigation in order to clarify responsibilities. The type of intervention required will also be determined through consultation.

While the goal of this co-operative approach is to reach consensus, it must be understood that in the final analysis:

1. The Ministry of Human Resources is legally responsible for the determination of the need for protection.
2. The police are responsible for initiating a criminal investigation.
3. Crown counsel is responsible for undertaking prosecution.

In all cases the immediate safety of the child takes precedence.

It is the responsibility of each supervisor of a Ministry of Human Resources district office to co-ordinate the development of protocols (guidelines) in each local area to facilitate an integrated response. These protocols should be developed jointly by the Ministry of Human Resources social workers, police, Crown counsel, corrections personnel, educators, health professionals and any other appropriate community group members.

Not all the four ministries will be involved in every case. Only in those cases where a ministry has direct interest or involvement will specific case information be shared. However, an integrated approach may lead to the development of an inter-disciplinary group which, whether formally or informally constituted, can work to raise the level of awareness of child abuse within the community, identify resources, and encourage the sharing of knowledge and skills.

A group of this nature can play an important role as a community resource. By working to increase public awareness and provide specific educational and training initiatives, the community can more effectively and sensitively respond to the problems of child abuse.

D. DEFINITIONS

Sexual abuse: Is defined as **any sexual touching**, sexual intercourse or sexual exploitation of a child and may include any sexual behaviour directed toward a child.

Physical abuse: Is defined as **any physical force** or action which results in or may potentially result in a non-accidental injury to a child and which exceeds that which could be considered reasonable discipline.

Neglect: Is defined as the failure on the part of those responsible for the care of the child to provide for the physical, emotional or medical needs of a child to an extent that the child's health, development or safety is endangered.

II. Ministry of Human Resources

The Overview, found at the beginning of this handbook, contains the definition, grounding assumptions and co-ordinated response for incidents of child abuse, including sexual abuse. In order to fully appreciate the commitment of other professionals to an integrated response, it is essential to read the Overview and to be familiar with sections dealing with other ministries' procedures. A clear understanding of responsibility, policy and lines of communication will help everyone involved in the delivery of service in this sensitive area.

A. MANDATE AND DEFINITIONS

Policy and practice of the Ministry of Human Resources, in response to a report that a child is believed to be in need of protection, follow the legal requirements of the Family and Child Service Act.

1. Interpretation of the Act

   Section 1, "in need of protection" means, in relation to a child, that he is:

   a) **Abused or neglected** so that his safety or well-being is endangered.

   b) **Abandoned.**

   c) **Deprived of necessary care** through the death, absence or disability of his parent.

   d) **Deprived of necessary medical attention.**

   e) **Absent from his home** in circumstances that endanger his safety or well-being.

2. Powers of the Superintendent

   Section 3(1) requires that the Minister of Human Resources appoint a person to be known as the Superintendent of Family and Child Service for the administration of the Act and the Regulations.

   Section 3(3) requires that the superintendent direct the investigation of reports that children may be in need of protection and the keeping of records of the reports and investigations.

   Section 3(4) allows for the superintendent to delegate any of his powers, duties or functions, and capacities under this Act, but any persons so delegated are subject to his direction.

NOTE: Social workers in local district offices of the Ministry of Human Resources are delegated to act for the superintendent in carrying out specified duties and functions of the superintendent that are mandated under the Act to ensure the safety and well-being of children.

The RCMP and municipal police forces within the province are also delegated by the superintendent to apprehend a child who is considered to be in need of protection.

3. Obligation to Report

Section 7(1) requires a person who has reasonable grounds to believe that a child is in need of protection to report forthwith to the superintendent, or a person delegated by him to receive reports, including those social workers who respond to calls to the Helpline for Children.

Section 7(2) provides that this duty to report overrides any claim of confidentiality or privilege a person in any occupation or profession may claim, except that between solicitor and client.

Section 7(3) provides that no action may be taken against a person who reports under this section unless the report is malicious or without reasonable grounds.

Section 7(4) states that a person who fails to report as required commits an offence and may be prosecuted under the Offence Act.

4. Requirement to Investigate

Section 8 requires that when the superintendent or his delegate receives a report, he shall investigate the circumstances. If access to the child is denied, the superintendent may apply for a warrant allowing him to have access to the child in order to investigate.

5. Authority to Apprehend

Section 9(1) empowers the superintendent to apprehend without warrant any child who is believed to be in need of protection. Section 9(3) provides that "where the superintendent or a police officer has reason to believe that a child is in need of protection and is in immediate physical danger, he may enter any premises, using force if necessary, and where he considers it necessary to do so, apprehend the child and remove him to a place of safety."

Where a police officer apprehends a child under this subsection he must immediately report the matter to the superintendent and the superintendent "shall assume custody of the child."

6. Definitions

Within the terms of the Family and Child Service Act a child in need of protection is a child under the age of 19 who falls within the descriptions in Section 1 of the Act.

"Abuse" and "neglect" are defined in the Overview section of this handbook, page 6.

B. PHYSICAL ABUSE WITHIN THE HOME

1. Reporting

Reports may be made by telephone, letter or personal interview and are usually communicated to a social worker in the local office of the Ministry of Human Resources. After hours and on week-ends and statutory holidays the toll free 24-hour Helpline for Children (Zenith 1234) will put the caller into contact with a social worker in the Emergency Services Unit in Vancouver. The social worker receiving the call will assess the urgency of the call. Urgent calls are referred immediately to the police or to a duty worker in the local office of the Ministry of Human Resources. Non-emergency situations are handled by telephone counselling and a referral to the local office in the next working day.

The Helpline is not intended to replace the direct services provided by the local offices of the Ministry of Human Resources. Rather, it is intended to supplement the services by providing access for people who may not be able to find the appropriate telephone number in a moment of crisis and by providing a 24-hour service to all those who wish to report that a child may be in need of protection.

2. Obtaining Information From the Person Reporting

Where a person reports a suspected case of abuse or neglect, it is important to obtain as much detail as possible. This is not only necessary in order to assess the urgency of the child's immediate situation, but may be essential at a later stage of the process should civil or criminal court action be required.

The following information should be obtained:

a) The name(s), age (birthdates where possible), sex and address of the child or children concerned.

b) The full names of the parents will be necessary for a prior contact check.

c) The name, address and telephone number of the person reporting should be determined if possible. It may be necessary to re-check information with the informant or to call the informant as a witness in any subsequent court proceedings. The person calling should be assured that his identity will not be divulged during the initial process of the Ministry of Human Resources investigation. He should also be advised that he may be called as a witness. The ability of the social worker to intervene appropriately may rest on an ability to corroborate the facts and this may be possible only with the informant's assistance.

d) Full details of the incident or situation which has precipitated the report. Encourage the informant to be specific. What particular aspects of the child's care or treatment have raised concern (e.g. If the report refers to a child "being left alone a lot," try to obtain specific dates and time periods).

3. Checking the Record

Institute a routine records check on the family including closed district office files, court, police, corrections, daycare, school and public health records. The file may be active with another worker in another office or agency. Telephone Central Records, Family and Children's Services Division, in Victoria to ascertain whether the family, or any individual member has received prior service in other district offices or has been referred by another province. In the Lower Mainland, check with Emergency Services records.

NOTE: Central Records, Family and Children's Services Division, maintains an index of all children who have been reported as being in need of protection where an investigation has determined that there is a need for service or where the child has been apprehended. The index includes the name(s) of the parent(s) and any alternate caregiver(s), and the location of the district office where the family was last known.

4. Involving the Police

Physical abuse is an assault and may be grounds for charges under the Criminal Code. A social worker receiving a report of alleged physical abuse will immediately contact the police. If the child is at risk, it may be necessary for the social worker to take immediate action to remove him and any others in the family who may be at risk to a place of safety, but the police are to be involved at the earliest opportunity. Further investigation will then be co-ordinated with the police, following local inter-agency protocols, where appropriate. **The primary protection responsibility remains with the social worker** and there must be no delay in proceeding with any necessary action to ensure the child's safety.

Withholding the necessities of life is also a violation of the Criminal Code and police will be involved in any "neglect" complaint where a child is allegedly denied necessary care.

NOTE: The focus of a police investigation is to determine fact and collect evidence for the possible prosecution by Crown counsel of a criminal offence. Ministry of Human Resources policy also requires that any suspicion of sexual abuse be reported to the police for possible criminal investigation. Interviews with the alleged offender in cases where the police are involved should not be undertaken without prior consultation with the police. The social worker is to confirm that the police are pursuing the matter and that the safety of the child is not in question.

The focus of the social worker's investigation is to determine the child's need for protection and the means whereby this will be assured.

5. Determining Immediate Risk to Child

The first purpose of the social worker's investigation is to determine whether there is immediate risk to the child's safety and the safety of any other children in the home. The following guidelines may assist the social worker in determining risk. **However, it must be emphasized that these are only guidelines to be used by trained social workers in conjunction with other more concrete evidence such as a medical examination, direct observation by the social worker and others, knowledge of other incidents of violence from police records, etc., and are not to be used out of context.** Wherever there is reason to believe that the child's safety is endangered and cannot be assured by the provision of in-home services, the social worker **must apprehend the child** before proceeding with the investigation. It is important to be aware that the investigation itself will often be seen as a threat to the parents and may place the child at further risk.

6. Guidelines for Assessing Risk

   a) **Age of the child.** The younger the child the more likely he is to sustain lasting trauma or to be fatally injured. He is also less visible in the community and therefore at greater risk since monitoring is less possible.

   b) **Severity of the injury.** Broken bones, head injuries, extensive burns or severe multiple bruising may result from outbursts of violence which are indicative of a lack of impulse control and of much greater risk for children in the home.

   c) **Parental response.** Parents who react to intervention by anger, unreasonable denial or an attempt to justify the abuse are likely to be less accessible to help and more likely to react violently to the child who has "reported" if he is left in the home.

   d) **Parental experience.** Parents who have experienced abuse or deprivation in their own childhood may be more likely to repeat the pattern of their experience with their own children.

   e) **Isolation.** Abusive parents are often very isolated people with few close friends or family members. Their isolation may contribute to the abuse since they have no one to turn to for help in crisis situations.

   f) **Parental attitude to the child.** Parents may set unreasonable age-inappropriate expectations for their child and be angry with the child's failure to meet these standards or frustrated because the child cannot meet their needs.

   g) **Special needs of the child.** Parents of children with special needs such as a physical or mental handicap or of a very young child who cries a lot, may have excessive demands on their time and attention, creating tensions from which an abusive incident may arise.

   h) **Family stress.** Parents under stress because of marital conflict, unemployment, loss of a close relative or friend, or subject to other similar environmental pressures may act out against a child.

7. Continuing the Investigation

   When the child's immediate safety is assured, the social worker will be able to investigate the reported incident or concerns in more detail and determine appropriate intervention. Investigations will follow an integrated inter-agency approach with relevant other professionals such as the police, public health nurse, physician and teacher.

   It is expected that a written protocol will be in place in each community within which the roles of the local representatives of the Ministries of Health, Education, Attorney General (including the police) and Human Resources will be set down to provide for an integrated inter-ministry response to reports of physical abuse. The representatives of these four ministries in any given area or for any given case may vary, but the ways in which they co-ordinate their response to a report must be clear, with primary responsibility clearly indicated.

The child must always be seen early in the investigation, and interviewed apart from adult family members wherever possible. If the police are involved, the interview with the child should be jointly undertaken with the police to avoid unnecessary trauma to the child, provided this does not delay the protection investigation.

a) **The child's explanation** of the incident should be obtained.

b) **A medical examination** must be arranged if injuries are present or suspected, and where sexual abuse is suspected. This should be arranged with parental co-operation wherever possible, but if it is refused, the social worker must formally apprehend the child before proceeding without parental consent.

c) **The interaction** between the child and his parent and the child's perception of his place in the family is significant. Parent/child conflict may lead to abusive actions on the part of a parent.

d) **The child's school record,** attendance, progress and behaviour in the classroom, may also provide indications of abuse or neglect.

e) **The health nurse** may also be a valuable source of information where possible abuse or neglect is suspected.

NOTE: In addition to its importance in terms of the investigation and assessment of the need for service, the interview with the child is important to the child's understanding of the social worker's role in his life. The child may feel very threatened and may need to be reassured, if possible, that he will not be taken from his family, or to understand why and for how long, if separation is necessary.

8. Interviewing the Child in School

It may be appropriate to see the child in a safe and neutral environment such as the school. The right of the social worker, with or without the police, to investigate a report by interviewing the child at school is accepted by the Ministry of Education. The social worker and the police will inform the parents of their involvement as soon as possible following this interview. Where appropriate, a teacher or counsellor may be asked to be present during the interview as support for the child. (See Sexual Abuse Within the Home, point 4, "Interviewing the Child.")

9. Intervention

The investigation should also assess family strengths and weaknesses to determine whether, and to what extent, protection concerns exist and what response is required to ensure the safety and well-being of the child.

The decision as to appropriate interventions must involve consultation with the district supervisor or designated substitute in his absence and, as appropriate, include consultation with other professionals such as the doctor, public health nurse, school and police.

10. Assessment and Case Decision

The outcome of an investigation may be:

a) A determination that **no further action is required.**

b) **Referral** to another ministry or community agency for individual or family counselling, psychiatric assessment or treatment, for problems which have been identified as having a bearing on the abuse or neglect of the child.

c) **Provision of support services** within the policy of the Ministry of Human Resources.

d) **Placement in a foster home** or approved child care resource by agreement with the parent to provide temporary relief for the parent or care for a child with special needs.

e) **Apprehension of the child** and application to the court for an order of temporary custody or for supervision in the child's own home.

11. Prior Contact Index and Notice to Parents

If it is determined that there is a need for family service to ensure the continued safety and well-being of the child or if the child has required apprehension, the social worker will forward identifying information to Family and Children's Service Division, Prior Contact Index. At the same time a letter will be mailed to the parent advising the parent of the indexing of the information and describing the nature of the service offered or confirming the apprehension. If no service or intervention is required, the parent will also be informed by letter that the investigation is concluded. Such information will not be centrally indexed.

The information maintained in the Prior Contact Index identifies the name of the child, name and address of his parents and/or alternate caregiver, name of the reporting social worker and the district office providing service. This index serves as a prior contact check for social workers investigating a report to identify any district office previously serving the family.

12. Monitoring and Evaluation

After the investigation and assessment are completed and if it has been determined that the child is or may be at risk, a case plan will be developed in consultation with the district supervisor and in conjunction with other relevant professionals and/or community agencies, where appropriate. A plan which involves referral to other agency or ministry services does not relieve the social worker of responsibility for ensuring that the child's safety and well-being are not further endangered. A local inter-agency protocol should include a means for sharing information and monitoring cases where more than one agency/ministry is involved.

13. Guidelines for Returning a Child

If the child has been apprehended and ordered into the custody of the superintendent, the following guidelines may assist the social worker in determining when the child may be safely returned to the parents. However, the total situation of the child and his family must be considered and plans for the return of the child discussed with the district supervisor and appropriate other ministry contacts before any decision is made.

Return of the child may be considered if:

a) **The child is less vulnerable** with respect to his age, more able to protect himself and more visible in the community, such as attending school.

b) **The parents have demonstrated an ability** to better control their impulses and find other outlets for their anger and frustration.

c) **The parents have acknowledged responsibility** for the incident(s) leading to the child's apprehension and have engaged in appropriate counselling or treatment.

d) **The parents have established appropriate supports** in the community and know where help is available.

e) **The parents' attitudes have changed** with respect to the child and they are able to set more realistic expectations and to see the child as an individual with separate needs.

f) **The parents are receiving help** with a special needs child, for example, special needs day care or respite care.

g) **The parents are able to meet each other's needs** more appropriately and have taken or are taking appropriate steps to resolve sources of stress within the family.

14. Case Closure

A period of continued family service may be required following the return of the child. This should be with the active co-operation and involvement of the parents since the Ministry of Human Resources has no mandate under the law to continue to be involved when a temporary order of custody terminates.

Before closing the case, there should be a sustained period of positive functioning on the part of the parents and child, coupled with a gradual diminishing of the Ministry of Human Resources involvement.

Before a case is closed:

a) **Let the parents and other involved agencies know** that "the door is open," that is, Ministry of Human Resources staff are interested and available for re-referrals.

b) **Inform police** and other professionals who have been involved in the case. These professionals should be kept aware of Ministry of Human Resources involvement throughout the case, as necessary. Any additional relevant information or concerns the social worker may have gathered should be shared with the police, including the ministry's decision to terminate service.

c) **Make appropriate referrals** to other ministries or community agencies for support or service, where needed.

C. PHYSICAL ABUSE OCCURRING IN FACILITIES OUTSIDE THE HOME

Introduction

The mandate of the Superintendent of Family and Child Service for the protection of children is not limited to children abused or neglected within their own homes. The superintendent has a responsibility to ensure the safety and well-being of children wherever they may be subjected to abuse or neglect by persons in whose care they have been placed temporarily or for prolonged periods. This applies to day care facilities, private schools, hospitals, correctional centres or other institutions providing specific services to children. The role of the Ministry of Human Resources is to investigate to determine whether a child (or children) is in need of protection and to provide any needed services to the child and the family. Responsibility for ensuring that the situation leading to a child's safety being endangered is remedied rests primarily with the parents; the police, if there are sufficient grounds for a criminal investigation; the ministry/agency administrator, or board of directors of the society responsible or the institution, resource or facility; and the Community Care Facilities Licensing Board. Such facilities fall into a number of separate categories:

a) Facilities licensed under the Community Care Facilities Licensing Act and subject to the inspection of the medical health officer.

b) Facilities operated by private societies with whom the Ministry of Human Resources may contract for a specific service to a child for whom the Ministry of Human Resources is responsible under the Family and Child Service Act.

c) Facilities offering a private service such as a residential private school or unlicensed day care.

d) Facilities for which other ministries are responsible where children are placed from time to time or on a regular basis, such as schools, correctional centres, hospitals, and other institutions.

1. Facilities Licensed by the Community Care Facilities Licensing Board

Guidelines for the investigation of abuse in licensed facilities have been jointly prepared by and circulated to the staff of the Ministry of Health and the Ministry of Human Resources. In an investigation of child abuse, these two ministries have specific legal mandates requiring a co-ordinated approach. The medical health officer is responsible under Section 9(b) of the Community Care Facility Act to investigate any report that a community care facility operated within the municipality does not fully comply with the Community Care Facility Act or Regulations. The medical health officer must report the results of his investigation and make a recommendation with respect to the licence to the Facilities Licensing Board. The Ministry of Human Resources must investigate any report that a child may be in need of protection as required by Section 8 of the Family and Child Service Act and the police must be involved where there is a possible Criminal Code violation.

2. Institutions Operated by Private Societies/Other Ministries

The role of the Superintendent of Family and Child Service with respect to the investigation of abuse in the other types of facilities listed under b, c and d in the introduction to this section, is to determine whether the child is in need of protection and to take such action as may be required to ensure the child's safety. The superintendent's role in no way replaces the role of the parent to protect and to seek appropriate remedies whenever his child may be endangered. The ultimate remedy under the Family and Child Service Act is apprehension with a view to a temporary or permanent order of guardianship. This would be neither appropriate nor necessary in most of these situations.

Where abuse or neglect is not the result of the parents' actions or their failure to take action to prevent the abuse or neglect, the superintendent's role is to:

a) **Investigate to establish the facts.** The investigation will be co-ordinated with the police, personnel of other involved ministries and those responsible within the facility/institution for personnel practices, depending on the circumstances of the case.

b) **Ensure that police are advised** in all cases alleging physical and sexual abuse and follow local protocols for police/Crown counsel/social worker/other ministry liaison.

c) **Provide support, counselling or referral services** to the parents and child as needed and requested.

d) **Identify problems** noted in the investigation and encourage those responsible for the management/administration of the institution to remedy the situation.

Responsibility for initiating action to ensure that other children are not endangered in the facility or institution rests with the police (if there are grounds for a criminal investigation) and with those in charge of the institution or facility. Where appropriate action is not taken by those immediately in charge and there is reason to believe children remain at risk, the social worker will refer the matter to the regional manager for further direction.

D. SEXUAL ABUSE WITHIN THE HOME

Introduction

Child sexual abuse falls within the general area of abuse and neglect with respect to the Ministry of Human Resources legal mandate under the Family and Child Service Act to receive reports, to investigate, to assess and to intervene. However, child sexual abuse is also a criminal offence and falls under the mandate of the police, Crown counsel and the courts for investigation and prosecution. An integrated response by these two ministries is essential, during the investigation stage in particular. Although the Ministry of Attorney General and the Ministry of Human Resources have the specific legal mandates requiring their involvement, educators in the Ministry of Education also have a direct concern. They are in a unique position, because of their daily contact with children, to be aware when a child is exhibiting behaviours indicative of abuse.

Similarly, the Ministry of Health is involved because child sexual abuse is also a health problem, resulting in physical and emotional trauma to the victim, and requiring remedies which include treatment of both the victim and the offender.

An integrated response to child sexual abuse must therefore involve these four ministries and other agencies as appropriate to ensure that the child is protected, justice served, the victim and non-offending parent given support, and treatment provided for both the victim and the offender.

1. Need to Report

   The requirements of Section 7 of the Family and Child Service Act (see Part A, Page 10, Obligation to Report) apply equally to the reporting of sexual abuse. The statement of a child is considered to be reasonable grounds for reporting since it is accepted that children rarely lie about matters which will have such serious impact on themselves and their families.

   Physicians or other health professionals may become aware of the possibility of the sexual abuse of a child through some of the physical indications listed on page 95 or from clinical indications. The infection of a young child with a sexually transmitted disease is reason to believe that a child may have been subjected to sexual abuse.

   Where a physician or health professional in the course of his regular duty has reason to believe a child may have been sexually abused, he must report to the superintendent. However, such reports cannot be made after an investigation into the possibility of venereal infection has been commenced due to the provisions of the Venereal Disease Act which are as follows:

   > "Every person employed or who has been employed in the administration of this Act shall preserve secrecy with regard to all matters that come to his knowledge in the course of his employment and shall not communicate any matter to another person except as otherwise authorized by this Act, the Marriage Act or by the Minister."
   >
   > "No person shall issue or make available to a person, other than a medical practitioner or persons engaged in the administration of this Act, a laboratory report, either in whole or in part, of an examination made to determine the presence or absence of venereal disease."

   Where health personnel are not restricted by the above provisions, they will report any circumstances where a child has been sexually abused. Where they are restricted from reporting because of the above provisions, they will refer the matter to the Minister of Health for a release of information.

2. Guidelines for an Integrated Response to Sexual Abuse

   The following guidelines will facilitate the co-ordination of the investigation, assessment, and intervention among the police, Crown counsel, Ministry of Human Resources staff, and, as appropriate, other concerned ministries and agencies.

   It is expected that a written protocol will be in place in each community and will be used to facilitate the referral and to co-ordinate the approach to child sexual abuse. The same protocol in place for physical abuse may be used to define the ways in which the ministries inter-relate, but may require some variation to accommodate the particular issues of sexual abuse. In general this protocol is based on the following recommended practices:

a) Social workers or police, whoever is first to receive the report, will immediately inform the other of any report alleging sexual abuse of a child before initiating any investigation, unless the child's safety from abuse requires immediate action.

b) Whenever possible, Ministry of Human Resources and the police will assign to the **investigation staff specially trained** and/or experienced in dealing with sexual abuse.

c) **The interview with the child will be conducted jointly,** whenever possible, to avoid subjecting the child to repetitive questionings. If it is the child who makes the first disclosure to a social worker, the social worker will obtain only as much information as is necessary to establish the need to involve the police.

d) Where the report concerns a preschool child requiring access through the parents, whenever possible the plan of **action will be discussed with the police** prior to any investigation being initiated. However, the safety of the child must always be the first priority.

e) **The initial interview with the suspect will be undertaken by the police** in order to ensure that vital evidence is preserved. Social workers and others inexperienced in criminal investigation may inadvertently jeopardize the admissibility of certain statements, or, by forewarning an alleged offender, provide an opportunity to destroy evidence or to influence witnesses. The social worker must check to ensure that police have notified parents or caregivers.

f) **The police will share with the social worker** the information elicited during this interview relevant to the social worker's role in ensuring the protection of the reported child or any other child who may be at risk by reason of the suspect's actions.

g) **The social worker will share with the police** all information relevant to the investigation including any actions taken under the Family and Child Service Act. If the child has been apprehended, the whereabouts of the child will be given and if a restraining order was obtained under the Family and Child Service Act against a parent or the suspect, if other than a parent, this will also be shared.

h) **Where possible and appropriate, the social worker will assist in the interviewing of children.**

i) **Whenever possible, the child should remain in her home** (e.g. where the alleged offender leaves the home voluntarily or is taken into custody by the police). Such cases must be carefully monitored to ensure that the child's safety is not further endangered by the offender's return to the home or frequent visits. The assessment of the non-abusing parent's capacity to provide support and protection to the child is critical in determining if the child is to remain at home.

j) Upon completion of an investigation, if there is sufficient evidence that a criminal offence has been committed, **the police will forward a report of their investigation to Crown counsel.** If the police do not believe that there is sufficient evidence to present to Crown counsel, the social worker may request that the case be reviewed by Crown counsel.

k) Whether or not there is sufficient evidence for a criminal prosecution, the Ministry of Human Resources **social worker must make his own decision with respect to the child's need for protection.** The standard of proof in criminal proceedings is higher than that required in a protection hearing. If it is believed that the child remains at risk, action must be taken to bring the matter before a judge under the Family and Child Service Act. The police may be called to give evidence at this proceeding.

l) The child's repudiation or **denial of her story is not sufficient grounds for terminating** the investigation or withdrawing services. It is not unusual for a young person to deny all previous statements when faced with the possible repercussions to her family and herself of her disclosure. Continued support to the child is essential through this period of the investigation.

m) Where the alleged offender is not a part of the child's family, the **social worker's investigation will be limited to the child's need for protection** or service within the home. However, if the offender also has direct access to other children the investigation will include an assessment of their need for protection.

3. Indications of Possible Sexual Abuse

Sexual offenders may come from any social class or ethnic group and, in most cases, appear as normally functioning members of the community, steadily employed, often active in community affairs and presenting most frequently as caring and concerned parents.

Any of the indicators listed below must be looked at in the total context of the case. They may lend additional weight to the accumulated evidence, but they do not in themselves establish that an individual is, or potentially may become, a sexual offender, or that a child has been abused. A more complete list of indicators of possible abuse appears in Appendix B.

a) Traits of Possible Offenders

   i) **Stepparents and common-law partners**, who are not the child's parent, may be more likely to abuse than biological parents.

   ii) **Marital dissatisfaction or dysfunction** is frequently present.

   iii) May be described as **dominant in the home but submissive in outside interpersonal contacts.**

   iv) May have **rigid moralistic standards** and may exercise excessive control of their child's social contacts.

   v) May have **problems with communication** of feelings.

   vi) May, themselves, have been **victims of abuse** or witnessed the abuse of a sibling in their early years.

   vii) May appear as **immature, with poor self-esteem**, seeking to fulfill their emotional needs inappropriately through sexual contact with children.

viii) May be **dependent on drugs or alcohol**, affecting their ability to control impulses.

It should be noted that some offenders are characterized as pedophiles, preferring sex with young children, and often offending with children both within and outside the family. This type of offender may not show any of the above characteristics. They do not respond well to treatment and children may be considered to remain at risk from this type of offender.

b) Traits of the Non-Offending Parent

i) May be **absent from the home** because of employment, illness, or death, leaving the child alone with the offender and creating a greater opportunity for sexual abuse.

ii) May play a **subordinated or passive parenting role.**

iii) May not **be sensitive to normal sexual development** in children and therefore fail to recognize signs of sexual abuse.

c) The Child Victim

i) **States that she has been abused.**

ii) **May "act out"** in sexual approaches to other children and in what may appear to be sexually "provocative" behaviour with adults.

iii) May be **reluctant to go home** after school.

iv) **May show fear** related to the removal of clothing (in gym, or in a doctor's office, for example).

v) May produce **bizarre or sexualized drawings.**

vi) May show **marked behaviour changes** such as regression, withdrawal, failure to measure up to own potential in school.

vii) Older children **may be promiscuous,** frequently run away, or display other antisocial behaviours (such as drug/alcohol abuse).

viii) **May be pregnant.**

There are other clinical indications of sexual abuse listed in the physicians' section of this handbook.

4. Interviewing the Child

The purpose of the first interview is to:

a) **Establish the facts.**

b) **Determine risk** to the child in her own home.

c) **Give immediate reassurance** and support to the child and relieve her of her guilt in confiding.

A "neutral" setting for the interview with the child may be the school. Not only is it a place where the child usually feels safe, it also offers a setting for the preliminary interview before approaching the family.

When an interview with the child at school is considered appropriate, the social worker will:

a) **Contact the principal** and advise him that an interview with a student is required and who will be present. It is sufficient to advise the principal that the interview is in connection with an allegation of abuse. The principal will assist, where possible, in providing an appropriate room and arranging discreetly for the presence of the student.

b) If the report has come to the Ministry of Human Resources social worker through a teacher or counsellor, advise the principal that **you are responding to their concern.** It is expected that the teacher/counsellor will have advised the principal of his report.

c) **The parents should not be contacted** prior to the social worker/police interview with the child since this could significantly affect the child's ability to tell her story. The social worker or police will contact parents immediately following this interview.

d) **If the principal wishes to be present** at the interview or to have the teacher present, advise him that **this may not be appropriate** unless the child requests it.

e) Following an interview with the child, it may be determined that a medical examination is required. However, a medical examination will not take place until after the non-abusive parent has been contacted. At that time the parent's co-operation will be sought to proceed with a medical examination. **If the parent does not consent, the child must be apprehended prior to any medical examination.**

f) Any policy or procedural issues arising between Ministry of Human Resources and school staff in pursuing these investigations will be referred through each ministry's senior staff to the Ministry of Human Resources regional manager and the District Superintendent of Schools for clarification, but **every effort must be made not to impede the progress of the investigation.**

The interview with the child is critical and requires sensitivity and skill. Suggested guidelines are included in Appendix A.

5. Assessment of the Need for Intervention

The following are guidelines only and should be used in conjunction with information from others involved in the assessment of the family and the child.

During the Investigation

If the alleged offender is willing to leave voluntarily or legal means are used to require him to leave, the child may be left in her own home dependent on the assessment of the non-abusing parent. The ministry may be involved only in a supportive role if this parent:

a) **Believes the child.**

b) **Believes the offending adult is totally responsible** for the alleged abuse, attaching no blame to the child.

c) **Is able to stand alone** without undue emotional dependency on the accused partner.

d) Is believed to be **able to prevent the return** of the alleged offender.

However, if any of these conditions are not met, apprehension and removal of the child to a neutral setting is necessary during the process of the investigation and assessment. With additional family support, it may be possible for the child to be at home under an interim supervision order, but this must be closely monitored.

On Completion of the Investigation

If the alleged offender is charged and found guilty, he may be imprisoned or placed on probation with appropriate terms, which may include conditions that he have no contact with the victim or other children and that he seek treatment.

The social worker will need to re-assess the needs of the child for protection in the context of the outcome of the prosecution. Although the child is not immediately at risk if the abuser is out of the home, the capacity of the other parent to continue to protect is important. In some cases a temporary order under the Family and Child Service Act assures protection for the child while leaving her in her home. The non-offending parent may remain emotionally dependent on her mate and unable to deny him access to the home. The Ministry of Human Resources then has authority to immediately remove the child, without further court involvement, if the child's safety is further endangered by the return of the abuser.

6. Guidelines for Returning a Child Following a Period in Care

The decision to return a child to the home requires careful and considered assessment and should involve consultation with the district supervisor, as well as representatives from other ministries and community agencies as appropriate. A joint assessment of the present and future need for protection of the child and whether or not this can be met within the home is the crucial issue. However, the following factors should be considered in the decision:

a) **The offender is out of the home** and access is denied or allowed under supervision only, or he has **returned home after a period of treatment** and:
   - i) Recognizes and **accepts responsibility** for the abuse.
   - ii) Has **developed awareness of his feelings** and emotional needs and is able to meet these needs in appropriate ways.

b) The **non-offending parent:**
   - i) Has become **less emotionally dependent** on her mate.
   - ii) Has **gained in self-esteem.**

iii) Shows ability to **assume an adult caregiver role** in the family.

iv) Is **supportive of the child** and accepts that the abuse did occur and was not the child's fault.

v) Has developed **awareness of her own needs** and is able to find appropriate ways to meet them.

c) The parents together have re-established a **more mutually supportive relationship.**

d) The child (victim) **feels safe in returning home** and is mature enough to take some responsibility for her own protection, for example, she recognizes her right to her own privacy and her right to say no, and knows how to get help if she needs it.

E. SEXUAL ABUSE OCCURRING IN FACILITIES OUTSIDE THE HOME

Introduction

Children may be sexually abused by a staff person in school, in hospital, in correctional institutions or in other facilities where children are placed.

When a report is received by either the police or a Ministry of Human Resources social worker that a child is believed to have been sexually abused in a facility or institution under private or other ministry operation, whoever has first received the report will inform the other. Procedure for the investigation of the report will be determined within the protocol established locally for an integrated inter-agency response. The Ministry of Human Resources will investigate to determine whether the child's safety or well-being is or has been endangered. The police will investigate to determine the facts and, if there is evidence that a criminal offence has been committed, they will forward a report of their investigation to Crown counsel to consider prosecution.

The Ministry of Human Resources' role in no way replaces the role of the parent to take appropriate action as the primary protectors of the child. The ministry will support the parents in their role and provide any additional services to the child and the family as may be needed. Although the Ministry of Human Resources has a legal responsibility for investigation of all allegations of abuse, the use of the Family and Child Service Act to apprehend the child would, in most cases, be unnecessary and inappropriate. Action rests primarily with the police, if there are sufficient grounds for a criminal investigation, and/or with the authorities responsible for the institution or facility to ensure that appropriate disciplinary action is taken and the person responsible for the abuse removed.

Where appropriate action is not taken by those in charge and there is reason to believe that children remain at risk, the social worker will refer the matter to the regional manager for further direction. In the case of a "voluntary" placement, such as in day care or a private school, the parent also carries some responsibility for action, for example, removal of the child.

1. Facilities Licensed by Community Care Facilities Licensing Board

Subject to the guidelines established jointly between the Ministry of Health and Ministry of Human Resources for the investigation of child abuse in licensed facilities where the medical health officer has specific responsibility under the Community Care Facility Act, the investigating social worker, medical health officer and police will discharge their joint responsibilities for the investigation within the guidelines as summarized below:

a) The social worker and medical health officer will **immediately report to the police** any allegation of sexual abuse in a licensed facility for the care of children.

b) The police will **immediately advise the social worker and the medical health officer** of any allegation brought first to their attention.

c) **The investigation will take place according to the established guidelines** following the local inter-agency protocol for dealing with child sexual abuse.

d) The social worker, medical health officer and police will undertake to advise each other of the outcome of their findings and their actions.

2. Institutions Operated by Private Societies or Other Ministries

The Ministry of Human Resources social worker who receives a report alleging sexual abuse in an institution or facility for the care of children will:

a) **Immediately alert the police.** A report may have already been made by the parent or guardian but in order to establish appropriate liaison, the social worker will also contact the police.

b) Where the police receive the report first, the **information will be shared** with the social worker.

c) The social worker and police officer assigned to the case will jointly **determine how the investigation will be co-ordinated.** The police will assume the major responsibility for the investigation of the alleged offence. When requested, the social worker will assist in interviewing the victim or other witnesses, offer any consultation that may be required, and provide information concerning the victim or offender that may be known to the Ministry of Human Resources.

d) The primary role of the social worker is to **determine whether the child is in need of protection** and/or in need of a ministry service.

e) If the parents are assuming their role as the primary protectors of the child and the police are pursuing the investigation, the social worker may be involved only initially in determining the child's need for protection. He may, in addition, be able to **assist the family with appropriate referrals** for counselling or therapy, or provide support to the family through this crisis situation.

f) Where the facility is one with which the Ministry of Human Resources contracts for service for children in its care, the social worker will be more actively involved. The primary responsibility will rest with the police to collect the evidence and with Crown counsel to determine whether there is sufficient evidence to support a criminal prosecution. However, the regional manager of the Ministry of Human Resources must

determine whether there are grounds to warrant removal of any children in the ministry's care currently in the facility and whether to use this resource in the future.

g) **Abuse of children for whom the ministry is responsible, whether in a foster home, group home, or contracted resource, must be reported to the regional manager and the Deputy Superintendent of Family and Child Service.**

h) Abuse in a group home or resource contracted by another ministry should also be reported to the appropriate ministry officials.

III. Ministry of Attorney General*

INTERIM GUIDELINES**

The Overview, found at the beginning of this handbook, contains the definition, grounding assumptions and co-ordinated response for incidents of child abuse, including sexual abuse. In order to fully appreciate the commitment of other professionals to an integrated response, it is essential to read the Overview and to be familiar with sections dealing with other ministries' procedures. A clear understanding of responsibility, policy and lines of communication will help everyone involved in the delivery of service in this sensitive area.

A. INTRODUCTION

While the Ministry of Attorney General has always considered the physical and sexual abuse of children to be a most serious matter, a more clearly articulated role for the criminal justice system, with respect to child abuse, is reflected in this handbook. This more clearly defined role will mean that the police, Crown counsel and Corrections Branch will more often be called to play an active part in responding to alleged child abuse.

It is essential that all components of the justice system work in close co-operation with each other as well as with other appropriate ministries and agencies. While legal responsibilities of the various ministries and the police are the same throughout the province, the ways in which inter-agency co-ordination take place will vary somewhat from area to area, depending on the needs and circumstances of local communities. Large urban police forces and Crown counsel offices will clearly have different capabilities and requirements than small, isolated detachments and offices. However, the guidelines set out in this handbook will serve as a basis for the development of local approaches.

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* Because of their integral role in the criminal justice system, police are included in this section on the Ministry of Attorney General.

** The guidelines for physical abuse are interim in nature and will remain so until sufficient reports have been received from police officers and ministry staff in the field as to their viability.

1. Definitions

Definitions of child abuse, including physical abuse, neglect and sexual abuse, are included on page 6. It is important to note that both physical and sexual abuse may constitute a criminal offence and therefore allegations require notification of the police. **This differs from policy set out in the previous Child Abuse/Neglect Policy Handbook,** which stated that "serious" abuse should be reported to the police.

2. Indications of Possible Abuse

A detailed list of indications of possible abuse is included in Appendix B and should be referred to. Child abuse situations are complex and many-faceted; no one characteristic may indicate possible abuse. Rather, professionals must weigh whatever knowledge they possess about each case, investigate further as appropriate, and make decisions about the case in the light of the awareness we now have about the nature and dynamics of child abuse.

Certain kinds of cases coming to the attention of the justice system may indicate that a child is being, or is at risk of being, abused. These include: those cases involving other kinds of family violence, such as wife assault; offences relating to alcoholism in the family; child prostitution or prostitution on the part of a parent; law breaking or "acting out" behaviour on the part of a child; or families that have a wide range of problems and may repeatedly come into contact with the justice system. In addition, situations indicating possible sexual abuse also include cases of sexual offences on the part of a parent directed at someone other than the child, or offences involving pornography.

3. Training

In order to support the approach taken in this handbook, it is expected that all justice system professionals who may come into contact with child abuse cases will receive basic training in the nature and dynamics of child abuse and appropriate intervention techniques. It is highly desirable that all those who are assigned specifically to this area receive specialized training. Such training will be developed by branches and police forces for their own personnel, utilizing training academies and the Justice Institute of B.C. as appropriate. Joint training emphasizing an integrated approach should be undertaken in conjunction with other ministries and agencies involved in child abuse cases. The Justice Institute is available to assist with this training as required.

B. ROLE OF THE JUSTICE SYSTEM

1. In Child Protection

The major role in relation to child protection is played by the Ministry of Human Resources. However, one of the roles of police in this area is to assist the Ministry of Human Resources in apprehending a child by standing by to keep the peace. Where the social worker cannot make an apprehension without assistance, the police officer will assist in the apprehension, make the apprehension or, if appropriate, make an arrest. Since police provide 24-hour service, they are often the only authority available for emergency child abuse situations requiring immediate response.

The Family and Child Service Act is the governing provincial legislation with respect to child protection issues. The following sections set out the roles, rights and responsibilities of the police in relation to the protection of children. A "child" under the Family and Child Service Act refers to a person under 19 years old.

The right of entry to investigate certain reports is contained in Section 8 of the Family and Child Service Act which states that:

(8) Where the superintendent has received a report that a child is in need of protection he shall investigate the circumstances, and if the parent or any other person refuses to allow the superintendent to have access to the child, the superintendent may apply ex parte to a judge in person or by telephone for a warrant authorizing him to enter and search a place specified in the warrant in order to investigate whether the child is in need of protection, and the judge may issue the warrant on being satisfied that access to the child is necessary to the investigation.

Section 9 provides the ability to enter the home and apprehend the child. It states that:

(1) Where the superintendent considers that a child is in need of protection, he may, without warrant, apprehend the child.

(2) Where any person refuses to allow the superintendent to enter the property to apprehend a child under subsection (1), the superintendent may apply ex parte in person or by telephone to a judge for a warrant authorizing the superintendent to enter the property, and the judge may issue the warrant on being satisfied that a request to enter the property for the purposes of apprehending was denied, and the superintendent may, on receipt of the warrant, enter the property and apprehend the child.

(3) Where the superintendent or a police officer has reason to believe that a) a child is in need of protection, and b) the child is in immediate physical danger,

he may, without warrant, enter any premises, using force if necessary, and, where he considers it necessary to do so, apprehend the child and remove him to a place of safety.

(4) Where a police officer apprehends a child under subsection (3), he shall immediately report the matter to the superintendent, and the superintendent shall assume custody of the child.

(5) Where a child has been apprehended and before a report is presented to the court under section 11, the superintendent may, if satisfied that continued custody is unnecessary, return the child to the parent apparently entitled to custody.

Section 19 of the Act also states that:

Where a court issues a warrant authorizing the superintendent to enter premises, the superintendent may, if necessary, make the entry by force and may request the assistance of a peace officer, and where he makes such a request, the peace officer may accompany and assist him.

Every police officer is delegated by the superintendent to apprehend a child pursuant to Section 9(1) of the Family and Child Service Act.

A child is considered to be in need of protection if he is:

a) Abused or neglected so that his safety or well-being is endangered.

b) Abandoned.

c) Deprived of necessary care through death, absence or disability of his parent.

d) Deprived of necessary medical attention.

e) Absent from his home in circumstances that endanger his safety or well-being.

Section II of the Act states that:

(1) Where a child is apprehended, the superintendent shall, not later than seven days after the apprehension and whether or not the child is still in his custody, present a written report to the court.

2. In Criminal Investigation and Prosecution

As public attention has increasingly focused on child abuse, the role of the police and Crown counsel in criminal investigation and prosecution has increased in both magnitude and importance. The position of the four ministries involved in this handbook is that any alleged abuse is a proper matter for police consideration. Therefore, police will be contacted in any case where abuse is alleged. The guidelines for the Ministries of Health, Education and Human Resources reflect this position.

In non-emergency situations, police involvement may come about as a result of: a complaint that merits investigation; a request from the Ministry of Human Resources, Health or Education or another agency; or as a result of an officer's own observation of a situation of possible abuse or neglect.

In accordance with standard procedure, police will conduct a detailed and thorough investigation in every case where, in their judgement, a criminal offence may have been committed. They will forward a report to Crown counsel on the basis of their investigation. Where sufficient evidence exists, Crown counsel will consider approving the laying of criminal charges.

Criminal investigations and prosecutions of alleged child abuse will be carried out in the same way as for any other alleged offence, with special consideration given to the fact that the alleged victim is a child who may have been severely traumatized. Guidelines for these special considerations are set out below.

C. PROCEDURES

Specific procedures for each jurisdiction's handling of child abuse investigations will be established in local inter-agency protocols. The following guidelines will assist in the development of such protocols, which will vary with the needs and circumstances of individual communities. Procedures regarding physical and sexual abuse have been dealt with in separate sections, as these procedures differ in some respects. However, two considerations in the approach set out in this handbook are central to the justice system response to both types of abuse. These are: inter-agency co-ordination in responding to child abuse and the provision of consistent and sensitive support to victims/witnesses. Specific issues to be addressed in local inter-agency protocols are included in Appendix C.

Some repetition in the physical and sexual abuse sections is unavoidable as, in order to facilitate easy reference, each section is written to stand on its own.

The guidelines specified here for intervention into cases of physical abuse are **INTERIM** in nature. Relatively few cases of physical abuse have, in the past, reached the justice system for investigation and prosecution. One of the most significant changes included in the handbook is the directive that all cases of all alleged abuse should be reported to the police. As a result, the justice system could be dealing with significantly increased numbers of cases involving physical abuse than it has in the past. For this reason, it is premature to finalize guidelines for intervention in physical abuse cases. Justice system personnel will be invited to submit feedback on these interim guidelines in order to provide the ministry with the same kind of input utilized in the sexual abuse policy development process.

D. POLICE

1. Physical Abuse — Interim Guidelines

a) Investigation

In accordance with standard procedures, a criminal investigation will be conducted into any alleged child abuse where there is reason to believe that a criminal offence may have been committed. This investigation will be conducted like any other criminal investigation, with special consideration given to the fact that the alleged victim is a child.

Consistent with current practice, case files will be carefully maintained and updated. Reasons for not proceeding at any stage will be included in the case file.

b) Inter-Agency Co-ordination

It will be necessary for the police to participate in developing a local inter-agency protocol which will establish and describe a co-ordinated approach for professionals involved in cases of child abuse. Depending upon the circumstances and needs of the local community, these protocols may or may not be the same for physical and for sexual abuse.

In accordance with the protocol adopted, police will be part of the consultation process among the professionals involved. Where police are the first point of contact in these cases, they will involve Ministry of Human Resources social workers at the earliest opportunity and continue to work closely with them. Ministry of Human Resources will remain involved until it is determined that the issue is not one of child protection. It is essential that co-ordination begin immediately after a report of possible abuse is received, no matter which ministry or agency is the first point of contact.

Police should meet with Crown counsel and medical experts at the earliest possible time to discuss medical evidence. This is particularly important in child abuse cases because the findings of medical experts may have significant bearing on the investigation and preparation of the case.

Information sharing on individual cases will be subject to any legal limitations that may exist. However, feedback to the Ministry of Human Resources and other involved professionals, as appropriate, should be provided, wherever possible, regarding action taken.

As a federal department, the RCMP is governed by the Privacy Act regarding the disclosure of personal information which they obtain during the course of an investigation. The release of such information may be made if the use is consistent to the purpose for which it was gathered, for example, a parallel Ministry of Human Resources investigation, or the information is such that it is customarily released to the public domain, for example, the name of a person charged and the charges laid.

c) Designation of Staff

Wherever possible, the same police officer should conduct the initial investigation and remain with the case for its duration. This continuity will enable the officer to establish rapport with, and provide consistent support to, the child victim and non-accused family members. This may be difficult to implement in smaller detachments; however, every effort should be made to maintain as much consistency as possible without delaying the progress of the case.

d) Interviewing the Child

An interview with the child should take place at the earliest possible time following a report, and the number and duration of interviews conducted with a child should be kept to a minimum. To this end, interviews should be conducted, wherever practicable and appropriate, jointly with the Ministry of Human Resources.

Interviews should be audio-taped and/or video-taped, where practicable and appropriate. The nature and purpose of these tapes should be explained to the child and family.

Wherever possible, interviews with children should be conducted in some place likely to be considered by the child as safe and non-threatening. If interviews are to be conducted at a police station, the interviewing room should be as comfortable and non-threatening as possible.

The interviewing of child victims requires special sensitivity and the use of special techniques, including age-appropriate language and diagrams as necessary. These will be addressed by training courses and by a variety of other training approaches.

e) Provision of Information to the Victim and Non-Accused Family Members

Police should ensure that information is provide to the victim and non-accused family members, including:

i) case file number, police name and/or number and telephone number;

ii) immediate steps that will be taken in relation to the case;

iii) what to expect during the investigative and court processes;

iv) how to obtain further information about progress of the case; and

v) appropriate social services, victim services, legal services and medical or therapeutic agencies.

Compliance with iii) should be done in a cautious manner so as not to alarm the victim and/or the non-accused parent and not jeopardize their co-operation in the investigative and judicial process.

f) Removal of Alleged Offender

In determining whether to exercise any discretion under the Criminal Code to release the accused from custody pending a bail hearing, the police officer should consider the fact that the offender usually lives with, or is in constant contact with, the child and the abuse has often continued over a long period of time. Even where steps can be taken to protect the victim of the specific offence in question, it may be that other children are vulnerable to abuse if the accused is allowed to go free.

Police should also notify the Ministry of Human Resources social worker of actions taken. The social worker may then consider action under Sections 9(1) and 16(4) of the Family and Child Service Act. If necessary, the police themselves may take action under Section 9(1).

2. Sexual Abuse

a) Investigation

Police will conduct a prompt, detailed and thorough investigation in every case of alleged child sexual abuse. Case files will be carefully maintained and updated in accord with current policy. Reasons for not proceeding at any stage should be included in the case file.

It should be noted that, consistent with Ministry of Attorney General policy, offences related to child sexual abuse are considered to be serious matters and therefore not, as a general rule, eligible for diversion.

b) Inter-Agency Co-ordination

Police should participate in developing a local inter-agency protocol which will establish and describe a co-ordinated approach for professionals involved in cases of child sexual abuse. The protocols developed will vary according to the circumstances and needs of the local community, and may or may not be the same for physical and for sexual abuse.

A specific police officer should be designated to consult with the other professionals involved in accordance with the protocol adopted. Where police are the first point of contact in these cases, they should involve the Ministry of Human Resources at the earliest opportunity and continue to work closely with them until it has been determined that there is no issue of child protection.

The purpose of this protocol is to co-ordinate, by means of scheduled meetings or a network of contacts, the efforts of those professionals (police, Crown counsel, social workers, corrections personnel, education and health personnel, victim assistance groups and any other involved agencies) who respond to incidents of child sexual abuse. It would provide a mechanism for sharing information and expertise, where appropriate. While final prosecution decisions will remain with Crown counsel, input into these decisions will be facilitated through this co-ordination. It is essential that co-ordination begin immediately after a disclosure of sexual abuse, no matter which ministry or agency is the first point of contact.

Information sharing on individual cases will be subject to any legal limitations that may exist. However, feedback to the Ministry of Human Resources and other involved professionals, as appropriate, should be provided, wherever possible, regarding action taken. As a federal department, the RCMP is governed by the Privacy Act regarding the disclosure of personal information which they obtain during the course of an investigation. The release of such information may be made if the use is consistent to the purpose for which it was gathered, for example, a parallel Ministry of Human Resources investigation, or the information is such that it is customarily released to the public domain, for example, the name of a person charged and the charges laid.

c) Designation of Staff

Where possible, specially trained officers should be designated to investigate all cases of alleged child sexual abuse. Special skills required by officers include interviewing approaches appropriate to young children, the use of anatomically correct dolls, and innovative approaches to the gathering of evidence in these cases. Such skills are best acquired by a combination of specialized training and the accumulation of experience, and depend, to some extent, on the personal suitability of the officer.

Wherever possible, the same police officer should conduct the initial investigation and remain with the case for its duration. This continuity will enable the officer to establish rapport with the child victim and non-accused family members. This will help both to ensure a high quality of evidence and to provide consistent support to the child and the family. This may be difficult to implement in smaller detachments; however, every effort should be made to maintain as much consistency as possible, without delaying the progress of the case.

d) Interviewing the Child

An interview with the child should take place at the earliest possible time following disclosure and the number and duration of interviews conducted with a child should be kept to a minimum. To this end, interviews should be conducted, wherever practicable, jointly with the Ministry of Human Resources.

Interviews should be audio-taped and/or video-taped, where practicable and appropriate. The nature and purpose of these tapes should be explained to the child and family.

Age-appropriate language and diagrams, as necessary, should be used in interviews.

Anatomically correct dolls should be used, where appropriate, by officers trained in their use, as an aid in interviewing the child. These dolls could be purchased by the police or an arrangement made with Ministry of Human Resources offices which have access to such dolls.

See Appendix A for guidelines for investigative interviewing of child sexual abuse victims.

As the interviewing of child victims requires special sensitivity and the use of special techniques, training of officers in these interviewing skills is particularly important.

e) Provision of Information to the Victim and Non-Accused Family Members

Police should ensure that information is provided to the victim and non-accused family members regarding:

i) case file number, police name and/or number and telephone number;

ii) immediate steps that will be taken in relation to the case;

iii) what to expect during the investigative and court processes;

iv) how to obtain further information about progress of the case; and

v) appropriate social services, victim services, legal services and medical or therapeutic agencies.

Compliance with iii) should be done in a manner that will not alarm the victim and/or the non-accused parent and not jeopardize their co-operation in the investigative and judicial process.

f) Removal of Alleged Offender

Wherever, on reasonable and probably grounds, a criminal offence involving child sexual abuse is believed to have been committed, police should ensure the immediate protection of the child and of other children, including by arrest of the alleged offender wherever legal grounds exist for such action. In this case, the alleged offender should be held in custody pending a bail hearing wherever legal grounds exist for such action.

The police, in exercising their power to release the accused, should consider the fact that the offender often lives with or is in constant contact with the victim, and the abuse has often continued over a long period of time. Even where steps can be taken to protect the victim of the specific offence in question, it may well be that other children are vulnerable to abuse if the accused is allowed to go free.

Police should also notify the Ministry of Human Resources social worker of action taken. The social worker may then consider action under Sections 9(1) and 16(4) of the Family and Child Service Act. If necessary, policy may themselves take action under Section 9(1).

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g) Prevention

Police crime prevention initiatives should include as a priority the prevention and early detection of child sexual abuse. Sensitive crime prevention programs involving police, parents, other ministries, concerned professionals and community groups can go a long way toward educating children and the adults charged with their care to stop and prevent child sexual abuse.

E. CROWN COUNSEL

1. Physical Abuse — Interim Guidelines

a) Charging

Prosecution of cases involving allegations of child abuse should be pursued wherever sufficient evidence exists. Where Crown counsel do not proceed, the reasons for such a decision should be recorded and retained for monitoring purposes.

b) Inter-Agency Co-ordination

Crown counsel should participate in developing a protocol which will establish and describe a co-ordinated approach for professionals involved in cases of child abuse. Crown counsel should consult with the other professionals involved in accordance with the protocol adopted. This protocol will vary with the circumstances and needs of the community and may or may not be the same as that developed for incidents of sexual abuse.

The protocol will provide a mechanism for sharing information and expertise, where appropriate, recognizing the need for confidentiality. Crown counsel would explain to other profesionals the reasons, in any given case, for prosecution decisions.

Crown counsel should also maintain appropriate communication with counsel involved in any civil proceedings in relation to the child.

c) Vertical Prosecution

In all but the most exceptional circumstances, every effort should be made to effect a practice of vertical prosecution in child abuse cases involving a child witness. For example, Crown counsel should be assigned to a case at the earliest opportunity, before the first appearance/judicial interim release hearing, and should remain with the case until final disposition at trial.

While it is recognized that, in some instances, circumstances may make vertical prosecution impossible, this policy is meant to ensure consistency and continuity in the handling of these cases. This is particularly important in prosecutions involving child witnesses. The effectiveness of the child's testimony to a large extent depends upon the familiarity and the rapport established with the prosecutor.

d) Trial Scheduling

Cases involving alleged child abuse should be given priority in trial scheduling. This is critical in cases involving child witnesses because a child's recall of detail is particularly affected by the passage of time. In addition, because a prolonged waiting period is likely to increase trauma to the child, delays in scheduling trials should be avoided.

e) Interviewing and Prosecuting Techniques

Where child witnesses are involved, it is critical that they be interviewed by Crown counsel sufficiently in advance of the date set for the preliminary/trial to ensure that the child's ability to communicate the details of the alleged offence can be assessed, the necessary rapport with the child can be established, the court process can be explained to the child and non-accused parent, and the child can be prepared for testimony at trial in a manner appropriate to the child's level of development. This recognizes that interviewing victims of child abuse requires time and patience.

Where appropriate, Crown counsel should make use of available audio or video tape recordings of interviews of the child.

Ministry of Human Resources officials, or other appropriate agencies, should be involved at the earliest opportunity to support the child and assist in explaining the justice system.

Where medical evidence is available, Crown counsel should meet at the earliest opportunity with investigating police officers and medical experts to be called. This is particularly important in child abuse cases because medical findings may have significant bearing on the investigation and preparation of the case.

In addition to any expert evidence called at trial, Crown counsel should, in appropriate cases, consider calling expert witnesses to testify at time of sentencing with respect to child development, the dynamics of child abuse, the offender, the effect of the offence on the child and family, etc.

f) Conditions of Release

Crown counsel's position at any judicial interim release hearing involving allegations of child abuse should address the issue of whether the accused represents a continuing danger to the victim or other children and what, if any, conditions of release should be imposed.

g) Communicating a Change in the Status of the Case

Crown counsel should, prior to a scheduled court appearance or hearing, attempt to advise a non-accused parent, guardian or the child, as appropriate, of any adjournment, change of plea, or stay of proceedings, and make it known that Crown counsel will be available to provide appropriate information about the case.

2. Sexual Abuse

a) Charging

Prosecution of cases involving allegations of sexual abuse of children should be pursued wherever sufficient evidence exists. Where Crown counsel do not proceed, the reasons for such a decision should be recorded and retained for monitoring purposes.

b) Inter-Agency Co-ordination and Designation of Staff

Crown counsel should participate in developing a local protocol which will establish and describe a co-ordinated approach for professionals involved in cases of child sexual abuse. Crown counsel should be designated in each area to consult with the other professionals involved in accordance with the protocol adopted.

The purpose of this protocol is to co-ordinate, by means of schedule meetings or a network of contacts, the efforts of those professionals (Crown counsel, police, social workers, corrections personnel, victim assistance groups, etc.) who respond to incidents of child sexual abuse. The designation of participants in the protocol would permit a working relationship to be developed among the professionals involved in what are difficult and time consuming cases. The protocol would provide a mechanism for sharing information and expertise, where appropriate, recognizing the need for confidentiality. Crown counsel would explain to other professionals the reasons, in any given case, for prosecution decisions. It would be clear, however, that the responsibility and accountability for prosecution decisions would remain with Crown counsel.

Crown counsel should also maintain appropriate communication with counsel involved in any civil proceedings in relation to the child.

Wherever possible, the Crown counsel designated to consult with other professionals should be involved in the charge approval and prosecution of all cases of child sexual abuse.

The Crown counsel designated to consult with other professionals should be experienced in child sexual abuse prosecutions, have a knowledge of the individual cases and be able to take advantage of the input provided by consulting with the other professionals.

To avoid long delays, additional Crown counsel could be assigned to prosecutions. However, the designated Crown counsel should be available for assistance and direction and, for purposes of consultation with various professionals involved, be knowledgeable about cases prosecuted by other Crown counsel.

c) Vertical Prosecution

In all but the most exceptional circumstances, every effort should be made to effect a practice of vertical prosecution in cases of child sexual abuse. For example, Crown counsel should be assigned to a case at the earliest opportunity, before the first appearance/judicial interim release hearing, and should remain with the case until final disposition at trial.

This policy is meant to ensure consistency and continuity in the handling of these cases and is particularly important in prosecutions in which child witnesses and sexual offences are involved. The effectiveness of the victim's testimony to a large extend depends upon the familiarity and the rapport established with the prosecutor. However, it is recognized that, in some instances, circumstances may make vertical prosecution impossible. In such instances, careful transition from one prosecutor to another is critical.

d) Diversion

Offences related to child sexual abuse are considered to be serious matters and therefore not, as a general rule, eligible for diversion.

e) Trial Scheduling

Cases involving child sexual abuse should be given priority in trial scheduling. Because a child's recall of detail is particularly affected by the passage of time, and because a prolonged waiting period is likely to increase trauma to the child, delays in scheduling trials should be avoided.

f) Interviewing and Prosecuting Techniques

It is critical that child witnesses be interviewed by Crown counsel sufficiently in advance of the date set for the preliminary/trial to ensure that the child's ability to communicate the details of the alleged offence can be assessed, the necessary rapport with the child can be established, the court process can be explained to the child and the non-accused parent, and the child can be prepared for testimony at trial in a manner appropriate to the child's level of development.

This recognizes that interviewing child victims of sexual abuse requires time and patience. Ministry of Human Resources officials, or other appropriate agencies, should also be involved at the earliest opportunity to support the child and assist in explaining the justice system.

The following techniques have been found to be effective and should be considered in appropriate cases:

i) Use of available audio or video tape recordings of interviews of the child.

ii) Expert witnesses to testify on sentencing with respect to, for example, child development, the dynamics of child sexual abuse, the offender, the effect of the offence on the child and family, etc.

iii) Anatomically correct dolls or other such aids to assist the young child in communicating the details of the incident in interviews and at trial.

iv) An order for the exclusion of the public under section 442(1) of the Criminal Code.

v) An order banning publication of the evidence and identity of the complainant.

vi) A direction from the presiding judge that the anonymity of a child victim be protected in the court transcript as per the decision of Govan, J. in Regina v. B.C.S.

g) Conditions of Release

At any judicial interim release hearing, unless there are compelling reasons to do otherwise, Crown counsel should ask, as a condition of release, that the accused not communicate with the victim and, where the accused lives with the victim, that the accused vacate the residence.

Where it is apparent that the accused may represent a danger to other children, Crown counsel should consider requesting a condition that the accused not communicate with any child 18 years or younger unless supervised, a condition that the accused seek counselling, or, in extreme circumstances, that, consistent with normal practice, the accused be detained in custody.

h) Communicating a Change in the Status of the Case

Crown counsel should, prior to a scheduled court appearance or hearing, attempt to advise a non-accused parent or guardian of the child, as appropriate, of any adjournment, change of plea, or stay of proceedings, and make it known that Crown counsel will be available to provide appropriate information about the case.

In cases where a non-accused parent is not supportive of the child, Ministry of Human Resources officials should be advised, if not already involved, and given responsibility to keep the child informed.

F. CORRECTIONS

1. Physical and Sexual Abuse

Physical and sexual abuse have been dealt with together in this section because Corrections Branch's mandated response, with respect to these separate issues, is operationally similar. Readers, however, will note that certain prescribed actions may be more appropriate to one type of abuse than the other. In these few instances, staff will exercise appropriate judgement in the application of these guidelines.

a) Reporting

All suspected cases of child abuse shall be reported immediately to the police and to the local office of the Ministry of Human Resources. Relevant branch policy manuals, in particular those dealing with Youth Programs and Family Services, will incorporate detailed procedures to be followed by branch staff.

b) Referral

In addition to reporting suspected cases of child abuse, staff should co-ordinate with other involved ministries and/or agencies in making appropriate referrals to meet the needs of the victim, the non-accused parent and/or the alleged offender.

c) Inter-Agency Co-ordination

In all child abuse cases in which the branch has an active responsibility and involvement, staff should co-ordinate with other involved agencies to ensure that the respective interests of the victim, the alleged offender and the public are met in a complementary manner. This co-ordination will be guided by local protocols for inter-agency co-ordination, which will be consistent with branch standards and policy on information sharing.

The purpose of such co-ordination by branch staff is to fulfill the branch's responsibilities respecting bail, pre-sentence reports, supervision of Court orders, etc., with due regard to the interests of the victim and the non-offending parent. Staff should ensure that the branch's non-partisan role in the adversarial process is not compromised.

d) Assignment of Staff

Wherever practicable, supervisors should assign to child abuse cases those staff who are the most trained, experienced and personally suitable. Clearly, it is advantageous to have as many staff as possible trained to manage child abuse cases. The use of specially trained staff will help ensure that cases are handled effectively and with minimal additional trauma to the victim.

e) Diversion

Offences involving child abuse are considered to be serious matters and therefore, as a general rule, should not be recommended for diversion.

f) Reports to the Courts

Probation officers should, in preparing pre-sentence or pre-bail reports, include information regarding the effects of the offences and the Court proceedings on the child and the family, as well as the availability and appropriateness of counselling or treatment programs for the offender. The offender's willingness to seek such counselling or treatment should also be reported.

Where a recommendation is made to the Court that an offender be required, as a condition of a Court order, to participate in a program of counselling or treatment, the Court should be requested to explicitly order the name and location of the program and the terms of attendance with which the offender is expected to comply so as best to ensure the enforcement of such orders.

g) Interviews with the Victim and/or Non-Offending Parent

Corrections Branch staff, prior to interviewing the victim for the purposes of a report for the Court, should consult with the social worker, investigating police officer(s), Crown counsel and/or the non-offending parent to determine whether a personal interview is in the best interest of the victim. Wherever possible, interviews should take place in a location that is convenient, comfortable and as non-threatening as possible for the person being interviewed.

h) Conditions of Release and Detention Orders

With respect to an accused's possible release on bail, probation, temporary absences, or parole, recommendations to the Court or other releasing authority should, unless there are compelling reasons to do otherwise, advocate the inclusion of a condition that the accused not associate with, or attempt to contact, the victim directly. Where the accused has been living with the victim, it should be recommended that the accused vacate the residence, and where appropriate, that the accused participate in an available treatment program such as the releasing authority directs. Where the accused may represent a danger to other children (for example, some alleged sexual offenders), consideration should be given to recommending that the accused be detained in custody, or failing that, that the accused not associate with any child 18 years or younger unless supervised.

i) Any significant change in the situational status or whereabouts of accused persons or offenders under supervision of, or in the custody of, the branch should be communicated to other agencies likely to have an interest in the case (e.g. social worker, Crown counsel, police, school). In cases where the victim's safety or welfare is a concern, communication with the non-offending parent or guardian, or with the victim directly if living independently, should also be made.

j) Treatment of Offenders

Staff should ensure that persons under supervision of, or in the custody of, the branch who are accused or convicted of offences related to child abuse are encouraged to seek counselling or treatment from appropriate agencies or individuals and are actively assisted in obtaining the necessary referrals or assessment for such treatment. Staff should take action, to the fullest extent possible, within available resources, to ensure that a plan of treatment or counselling is offered to all appropriate child abuse offenders and that they be counselled to participate in such programs.

k) Supervision of Offenders

Because of the serious nature of child abuse, offenders who are released to community supervision on bail, probation, temporary absence, or parole should be given high priority and intensive supervision. Any community release should also be made known to the investigating police officer(s) and to the police in the community to which the offender is released, if different.

Where counselling or treatment is Court-ordered, corrections staff should take particular care to monitor and enforce that order, to report any apparent breach to Crown counsel and to do whatever is necessary to assist in the prosecution of any breach.

G. COURT SERVICES

1. Managing Child Witnesses

Wherever possible, child witnesses should be placed in an area where they can wait privately until called for testimony. Attention should be paid to providing suitable reading material, dolls and/or other toys. Every effort should be made to put children at ease, both for their own well-being and to increase their effectiveness at witnesses.

2. Public Information

Information on child sexual abuse should be included among the public information materials displayed and available in all courthouses and Court Services offices.

IV. Ministry of Health

The Overview, found at the beginning of this handbook, contains the definition, grounding assumptions and co-ordinated response for incidents of child abuse, including sexual abuse. In order to fully appreciate the commitment of other professionals to an integrated response, it is essential to read the Overview and to be familiar with sections dealing with other ministries' procedures. A clear understanding of responsibility, policy and lines of communication will help everyone involved in the delivery of service in this sensitive area.

A. THE ROLE OF HEALTH PROFESSIONALS

All health professionals, but particularly those in frequent contact with children and their parents, have a responsibility to increase their own understanding of child abuse, the means of identification, the responsibility to report, the reporting procedures, the co-ordination of the investigation and follow-up of suspected cases. This may be done by participating in workshops, educational programs, local networks or working groups for child abuse, and by becoming thoroughly familiar with this handbook.

1. Responsibility to Report

The Family and Child Service Act 7(1) states:

> "A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent* or a person designated by the superintendent to receive such reports."

Health professionals in hospitals, community programs or private practice, who have "reasonable grounds," are **required by law to report** to the local Ministry of Human Resources office their suspicions of a case of child abuse or neglect. The Act states that the duty to report overrides the confidentiality or privilege of any occupation except that in the solicitor and client relationship. The Act further states that the person reporting in good faith is protected from legal action. The only reasonable grounds the health professional may not use as a basis of a report are those gathered from the investigation and treatment of sexually transmitted diseases.

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* "Superintendent" for these purposes is the delegated social worker in the local district office of the Ministry of Human Resources.

The Venereal Disease Act restricts the release of information obtained during the investigation and treatment of sexually transmitted diseases. When a possible child abuse case is identified from procedures done under this Act, authorization to release the information must first be obtained from the Minister of Health prior to reporting to the Ministry of Human Resources.

2. Reporting Procedures

Suspected cases of child abuse may come to the attention of a health professional in one or several health agencies, such as hospital, health unit, mental health centre, forensic clinic or private practice. Each will separately report the suspicion. The investigation of the report is the legal responsibility of the Ministry of Human Resources and the police. (Please note 2.c.) The investigation requires the co-ordination and close co-operation of the various professionals and agencies involved so the various interests of the clients, agencies and public may be met.

The general procedure for reporting cases where it is suspected that a child has been abused is outlined as follows:

a) All health professionals shall report their suspicions to a social worker at the local Ministry of Human Resources office. The person reporting a suspected child abuse incident should also confirm with the social worker that he will advise police of the incident as they must be informed at the outset of any investigation. Only when it is certain the report has been made to the social worker has the responsibility of an aware individual been discharged.

b) Hospitals, health units, mental health centres and forensic units should develop a procedure for reporting suspected, potential or known cases of child abuse, to include notifying a supervisory person or the person in charge of the treatment.

c) When the suspected case of abuse is in a licensed child care facility, the reporting person will notify the medical health officer for the health unit as well as the local Ministry of Human Resources social worker, confirming with each that a report has been made and that police will be informed. Under the current legislation, the medical officer has a responsibility to investigate complaints regarding child care facilities.

d) Documentation of the suspected cases should include:

    i) description of behaviours indicative of abuse;

    ii) statements of the child or adult suggesting abuse has occurred;

    iii) a simple diagram to locate any physical indication of possible abuse;

    iv) the name and position of the person receiving the report and details of any other action taken by the reporting person.

e) Information about possible child sexual abuse noted during the investigation and treatment of sexually transmitted disease must first be authorized for release by the Minister of Health, then reported as in a) or c) above.

Once the report has been given to the Ministry of Human Resources, police, and medical health officers when indicated, further involvement of the health professional may be delayed or may not be required until the investigation is underway. Occasionally the investigator may request the involvement of the reporting person throughout the investigation. Thus, it is necessary to have co-ordination and close co-operation among all agencies and workers involved with each case.

3. Co-ordination of Service

To assist with the co-ordination of the reporting, investigation and follow-up of cases of child abuse, an inter-agency community protocol and a child abuse team in the hospital are recommended.

An inter-agency community protocol to deal with child abuse can facilitate the co-ordination of services among agencies and ministries. It will describe the expected action from those mandated to investigate and the procedures for reporting, for exchanging information, and follow-up so that all involved with a child abuse case co-ordinate their response. The protocol would identify, where possible, representatives from each ministry/agency who would be contact persons for all cases of child abuse.

This group may develop and implement local educational programs for their constituent groups and the public at large. This function is broad in scope, addressing the issue of child abuse, compared with management and co-ordination of specific cases of abuse.

The effective co-ordination of those involved with the case would minimize duplication of services and ensure follow-up of families with the necessary support throughout the total health care, social services and justice systems, and the community.

4. Hospitals

The previous sections all have relevance for health professionals based in hospitals. In order to further the understanding of staff working in areas offering paediatric care, the hospital administration should ensure that the staff has access to education regarding child abuse indications, identification and reporting procedures, current treatment approaches, and local community resources.

Some indications of possible child abuse that may be noticed in children admitted to hospital are:

a) Failure to thrive.

b) Frequent admissions for an accidental injury.

c) Perineal irritations.

d) Behaviours or comments indicating a fear of going to bed or the bathroom.

Refer to Appendix B and Physician's Section for additional indications of child abuse.

In hospital, the child abuse team, with a core membership of physician(s), nurse(s) (preferably from the paediatric and emergency department) and medical social worker, provides an effective group through which internal policies and procedures may be developed and implemented. The procedures would describe the examination of the child, the documentation necessary for the case, where the examination is to be done, and to whom the report will be given. As well, the procedure will clarify the role of each of the professionals involved with the child's, and occasionally adult's, care; e.g. admitting physician, family physician, consulting physician, and nurses.

5. Health Units

The sections describing responsibility to report, reporting procedures and co-ordination of service all have relevance for the health unit professionals working with children. The public health nurse, through home visits, is unique in that she may be the first helping person outside the family to observe or be told of indications of possible abuse. Other health unit professionals, in offering services to children, may also recognize indications of possible abuse. It is important that these professionals participate in educational programs that deal with all types of child abuse, its identification, the reporting procedures, current treatment methods and local resources.

The health unit will establish an internal system of reporting and consulting on reported cases with the public health nursing supervisor and medical health officer. Health unit professionals are not responsible for investigation of alleged child abuse but may be requested by the social worker or police officer to assist with the interview of the child. When cases of sexual abuse are identified during the treatment of sexually transmitted diseases, the reporting procedure for these cases requires ministerial authorization prior to release of information.

When providing services to school-aged children, the public health nurse may be requested by educators to consult or discuss a child's care where the possibility of child abuse exists. It is emphasized that an educator, like any person who has reason to believe a child is in need of protection, must report to the Ministry of Human Resources. In some instances of possible child abuse of a school-aged child, both the public health nurse and the educator may report.

Licensed Child Care Facilities require a co-ordinated investigation of reports of suspected abuse because of the legal mandate requiring the medical health officer to investigate as well as the Ministry of Human Resources. The report of the medical health officer's investigation, with recommendations regarding the licence, is made to the Provincial Child Care Facilities Licensing Board. The investigation of any suspected case where a possible criminal offence has occurred would include the police. Co-ordination of these investigations is especially important.

Some indications of suspected child abuse which may be observed by the public health nurse are:

a) The infant is slow to gain weight, may have extensive areas of rash or sores on his body, is unresponsive to visual stimulation or cuddling.

b) The older child may describe events that are abusive and neglectful or incidents of sexual activity that are inappropriate for the child's age.

c) An adult may describe abusive or neglectful ways of caring for a child.

A detailed list of indications of possible child abuse may be found in part B. of this section, The Role of the Physician in Incidents of Child Abuse and in Appendix B.

The health unit and, in particular, the public health nursing program has a major preventive role to play in the area of child abuse. Services that offer parents, children and young adults information and guidance to promote healthy personal development are available in a variety of settings. The support and guidance offered to families to solve problems that may lead to abuse are as important as identifying a case.

2. Mental Health Services

The sections of this document describing responsibility to report, reporting procedures, and co-ordination of services are relevant to mental health centre staff. The role of mental health centre staff in providing service in child abuse cases is to provide assessment, treatment and consultation services for those individuals where serious emotional disturbance is of concern. The primary role of mental health staff would not include involvement in investigative procedures associated with child abuse complaints. In most cases, the involvement of mental health centre staff would be delayed until the investigative process is well in hand. In offering assessment, treatment and consultation to individuals with serious emotional disturbance, alleged child abuse, including sexual abuse, may be identified and shall be reported.

The investigation of child abuse cases and mental health assessment/treatment processes are undertaken with a very different aim and outcome in mind. While a concern for the well-being of the individuals involved is common to both, the goals of one procedure can be at odds with those of the other. Therefore, it is important that there be close co-operation and co-ordination of the professionals and agencies involved. This can be achieved, in part, with participation of mental health staff in an inter-agency protocol.

Staff should become involved in educational programs on all aspects of child abuse, to increase their knowledge of local reporting procedures, local resources, current treatments and the community inter-agency protocol.

7. Forensic Psychiatric Services and Alcohol and Drug Programs

These programs offer assessment and treatment to individuals who may have been, or who currently are, involved in situations of child abuse. Staff members of these programs are required to report suspected cases to the Ministry of Human Resources and police. The staff can also participate in an inter-agency response to child abuse in order to assist with the co-ordination of services to individuals and families. This protocol will provide a forum for the staff of these services to define their role in situations of child abuse.

The staff will continue to be offered educational programs on all aspects of child abuse to increase their knowledge of local reporting procedures, local resources, current treatments and the community inter-agency protocol.

8. Day Care Services

Many children spend a part or all of their day in one of the various community child care facilities. The staff of these centres provide a service to children that supplements the care given by their parents. Those who work in these programs are knowledgeable about a child's development, and can observe behaviours that might indicate a problem.

When staff members have concerns arising from observations of a child's behaviour or physical condition, or from discussions with the parents, they may want to consult with the public health nurse or day care social worker. However, when an employee in a day care centre has **reason to believe a child has received any form of abuse, he must report** the circumstance to the Ministry of Human Resources as well as to the medical health officer. For all cases of child abuse, the police will be included by Ministry of Human Resources in the investigation at the outset.

In order to become familiar with the local reporting and investigation procedures and local resources, staff of day care facilities may benefit through participation in community education programs for child abuse. In addition to the other sections of this handbook, the indications of possible child abuse and the guidelines for local inter-agency protocol found in Appendixes B and C may be especially helpful to those working in child care facilities.

B. THE ROLE OF THE PHYSICIAN IN INCIDENTS OF CHILD ABUSE

Prepared by the Child Care Committee,
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Introduction

Child abuse occurs with alarming frequency in British Columbia. As public awareness increased, the number of reported and confirmed cases increased too.[1]

In 1972, 105 cases were reported and substantiated. Ten years later in 1982 the number had increased to 1,536.[2] Since physicians, particularly family physicians, are primary care givers and, especially with regard to the younger age groups, are frequently the only professionals to whom the child is exposed outside the family, a heavy responsibility rests on the physician to diagnose child abuse and also to detect early family dysfunction which might indicate a child at high risk for child abuse.

Child abuse covers a spectrum of maltreatment of a child. This includes physical and mental injury, neglect and sexual abuse which jeopardizes the child's well-being and, perhaps, his life. It makes more sense to diagnose early child abuse and intervene appropriately than to wait for the classic full blown picture of "The Battered Child" as described by Kempe.[3] Children at risk for the latter often present earlier in a doctor's office with milder injury since abuse tends to be recurrent. Any form of trauma which is not fully or properly explained should raise the suspicion of child abuse.

1. Duty to Report

The Provincial Statute under the Family and Children Services Act 1981 states that:

i) A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent or a person designated by the superintendent to receive such reports.

ii) The duty under subsection (i) overrides a claim of confidentiality or privilege by a person following any occupation or profession, except a claim founded on a solicitor and client relationship.

iii) No action lies against a person making a report under the section unless he makes it maliciously or without reasonable grounds for his belief.

iv) A person who contravenes subsection (i) commits an offence.[4]

It should be noted that any person is required to report and **this includes physicians.** Subsection (ii) specifically removes the claim of confidentiality or privilege which a physician may use as reasons for not reporting. The Registrar of the B.C. College of Physicians and Surgeons has recently on two occasions outlined the college's position with respect to child abuse and has stated that, since this is the law in British Columbia, the college cannot and will not protect any physician who does not comply with the law.[5] [6]

To counteract any apprehension around the issue of reporting, subsection (iii) specifically indicates that no action can be taken against anyone making a report in good faith and further, in fact, that if such a report is not made in the circumstances, that a person is actually committing an offence and can be liable to prosecution. Again, since physicians are front line professionals who may be exposed to evidence of abuse, it is absolutely necessary that the physician is knowledgeable about child abuse and his responsibilities and acts accordingly.

Physical and sexual abuse may occur together but it is easier to discuss each separately since they differ in certain aspects. (C. The Role of the Primary Physician in the Investigation of Child Sexual Abuse follows this portion of the handbook.)

2. Physical Abuse

Physical abuse may involve soft tissue injury, burns, skeletal and/or systemic injury. Poisoning may be intentional and this can be considered physical abuse. Non-organic failure to thrive or under-nutrition may also be intentional and can occur as an isolated or as an associated feature of physical or emotional abuse.

3. History

A suspicion of abuse should be aroused whenever a child with an injury presents with any or all of the following features:

a) Delay by his parents in seeking medical advice.

b) A history not compatible with the injury.

c) Discrepancies, contradictions or inconsistencies in the history.

d) Vagueness about specific and important details.

e) Parents who do not wait or show appropriate concern once the child has been admitted.

f) Failure to visit or inquire about the child.

4. Diagnostic Considerations

The possibility of child abuse should be a diagnostic consideration when children are seen with any of the following clinical findings:

a) **Bruises:** The most obvious external sign of child abuse is multiple bruising. Since active children, particularly in the toddler age group, frequently have multiple bruises because of accidental falls, the diagnosis may not be easy. In accidental injury, bruises may be multiple and variably aged, but most are in sites exposed to trauma, mainly the extensor surfaces of the lower limbs and sometimes in the upper limbs. Similarly, single hematomas with swelling on the forehead are most likely due to accidental trauma.

Bruising in children not yet ambulatory is less common, more important, and should arouse a higher suspicion of abuse. The history is important. An inadequate, hesitant or inappropriate explanation is significant. Physical examination may often reveal a bruising imprint which is the clue to the cause. The bruise may be of unusual shape. A hand or finger print, belt or loop mark, pinch or bite mark may be found. Bite marks are usually easily recognized but size is significant to differentiate adult/child bites.

It is recognized that bruising is difficult to assess and its appearance may be modified by many factors. A modified guide for aging bruises is given in the following table. It should be noted that there is a good deal of overlap.

0-2	days	swollen, tender
0-5	days	red and blue
5-7	days	green
7-10	days	yellow
10-14	days	brown
2-4	weeks	clearing

Many bruises occur in the context of corporal punishment. One has to use common sense with respect to injuries resulting from child abuse. Appropriate guidelines are as follows:

i) Injury requiring medical treatment.

ii) Multiple variably aged bruising.

iii) Bruising on the head and face.

iv) Bruising in children under one year.

v) Injuries resulting from kicking, hitting with a closed fist or dangerous instrument.

Since the medical record may be required for court, either because of the incident or some later incident, it is imperative that full, correct documentation is made. The sites, number of bruises, size, aging, possible causes and any associated injuries must be carefully noted.

b) **Fractures:** Any type of fracture may occur with severe trauma, whether accidental or non-accidental. Spiral fractures and subperiostal hematomata are frequently associated with child abuse. Spinal fractures result from a twisting or rotatory injury. Whereas they may be seen in toddlers, such an injury is extremely unusual in the younger child.

Rib fractures are a common sight in child abuse cases but rarely, if ever, seen in cardiopulmonary resuscitation.[7]

Linear fractures of the skull are frequently seen in accidental falls. A full history and physical examination for other signs of trauma should be undertaken to exclude child abuse.

Again, multiple fractures, particularly if showing different stages of healing, are highly suggestive of child abuse.

c) **Burns and scalds:** Burns may provide a difficult diagnostic dilemma. However, it is estimated approximately 10 per cent of burns are caused by non-accidental injury. Other burns may be accidental but give rise to concern regarding the type of care and protection the child is receiving from the parents. 'Stocking' type burns and burns of unusual appearance are suggestive of child abuse. Cigarette burns are of great concern. They are small, circular and sometimes multiple. They are found on exposed parts of the body such as the hands, feet and face. Sometimes they are difficult to distinguish from infected skin ulcers.

d) **Systemic Injury:** Any organ is vulnerable to severe trauma. The combination of head injury, multiple fractures and external bruising was classically associated with child abuse and labelled "The Battered Child Syndrome." However, other organs, particularly of the poorly protected abdominal area, may be injured. Injuries such as gastrointestinal hematoma with obstruction or perforation and peritonitis may result from a physical attack on a child.

In the so-called"Whiplash Shaking Syndrome," brain injury can occur without fractures or obvious signs of child abuse.[8] Such injuries result from violent shaking of the child. It should be suspected in very young children who present with idiopathic seizures. Widespread bilateral retinal hemorrhages are often found to substantiate the diagnosis. Such injuries must be detected early since the continued practice of shaking the infant, albeit unknowingly, may lead to more serious brain damage.

e) **Poisonings:** Intentional poisoning is a form of child abuse and is often difficult to detect. Accidental poisoning frequently raises issues of the child's safety and protection in his environment. Repeated poisonings and/or accidents raise questions of a disturbed family situation and a child at risk.

f) **Failure to Thrive and Neglect:** Failure to thrive due to maternal deprivation syndrome is an act of child abuse by omission. Any child who is not physically thriving should be evaluated from psycho-social aspects as well as organically and genetically.

In most hospitals now, psycho-social causes predominate in any failure to thrive investigation.

5. Other Considerations

When assessing a case of child abuse, look at the various factors involved. This includes looking at the parents, the child and any precipitating crisis. Most importantly, note whether the child is reared in an environment of violence which could include wife beating, repeated corporal punishment, alcohol and drugs.

Parents

a) Are they immature or dependent with poor impulse control?

b) Are they socially isolated, depressed or lonely and incapable of using extended family or helping agencies?

c) Do they have low self-esteem or sense of worth?

d) Do they have a disturbed perception of the child?

e) Do they exhibit undue expectations of the child (role reversal)?

f) Do they express a belief in corporal punishment of the child?

g) Have they a history of previous abuse as a child?

h) Are their parental patterns acceptable?

Child

a) Frequently demanding.

b) Strong willed or precocious.

c) Frequently misbehaves.

d) Viewed as different from his siblings.

e) May be handicapped.

Crisis

a) Usually of a socio-economic nature.

b) May result from a marital conflict.

c) Generally may not be severe but to the individual concerned is frequently overwhelming.

6. After a Preliminary Diagnosis

After a preliminary diagnosis, where child abuse is suspected:

a) **Admit the child where possible** especially if an infant, since this provides for an immediate place of safety and allows time to:

i) Conduct a thorough physical examination.

ii) Obtain details of previous hospital admissions or visits to emergency departments.

iii) Perform a skeletal survey and blood coagulation screen, where appropriate.

iv) Obtain clinical photographs of suspicious lesions for reference.

v) Check with community agencies for any past experience with the child and family.

vi) **Notify the local Ministry of Human Resources** as is outlined in the Provincial Statute of the Family and Child Services Act of 1981. This legal obligation overrides any claim of confidentiality.

b) **Inform the parents** that there is no alternative but to report since this is an absolute obligation. It should be explained that there are many ways of helping parents or guardians to overcome their problems. Services are available to relieve the stress of child care. Any 'punitive' aspect of abuse and neglect proceedings should be downplayed. An honest, supportive and non-judgemental approach will be helpful in maintaining trust and contact.

c) Following notification, **a report to the local Ministry of Human Resources is required.** An in-hospital child abuse team can help in facilitating the handling of these cases. To ensure the best course of action, a mutual sharing of information and open communication is necessary so that a satisfactory resolution with the child's best interests attended to, can be made.

7. High Risk Situations

It is most important to recognize situations **where inadequacy in parenting is likely to occur.** They can be detected prenatally, at birth, in the post partum period and at routine office visits.

Consider high risk situations:

a) When the child is born unwanted or wanted for the wrong reasons (not synonymous with unplanned).

b) Where there is a history of abuse, neglect or deprivation in the parent or parents.

c) Where a teenage, unmarried girl opts for keeping her baby.

d) If maternal-child attachments are impaired through maternal or child illness, prematurity, neonatal complications, congenital abnormalities, etc.

e) Difficult to handle problems in infant, e.g. colic, feeding problems, vomiting.

f) Complains of behavioural nature, e.g. hyperactivity, sleep resistance, poor eating habits, failure to thrive.

g) Where there are environmental problems such as poor housing, overcrowding, repeated financial crises, unemployment. Family breakdown, separation, family violence, alcoholism, drug addiction, and other forms of marital discord. Acute or chronic illness in the parent, severe post partum depression.

In these high risk situations, child abuse has not yet occurred but the probability is substantial. Suitable intervention with appropriate services at the appropriate time may alleviate the stresses to remove or reduce the risk. Except under the most extreme circumstances, the Ministry of Human Resources will try to introduce appropriate services rather than remove the child from the home.

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C. THE ROLE OF THE PRIMARY PHYSICIAN IN THE INVESTIGATION OF CHILD SEXUAL ABUSE

by Georgia Immega, MD

In recognition that a child's safety is paramount, British Columbia law requires reporting of a suspected abuse — sexual or physical — to supersede professional confidentiality. In this article, the author reviews the appropriate medical examination, history, recording and reporting, and protocol for treatment of the abused child patient.

Reporting

Under the law of British Columbia, if an adult suspects that a child has been sexually assaulted, that adult is liable to prosecution unless he reports the incident to the police and the Ministry of Human Resources for investigation.

Our legal code clearly states that the requirement to report suspected abuse, sexual or physical, supersedes professional confidentiality. . . . An adult who reports suspected abuse is immune from personal liability for allegations made in good faith.[1]

What should lead an adult to believe that a child has been sexually assaulted? Table 1 is a catalogue of physical symptoms and behavioural problems that characterize the sexually abused child. Statistics from many studies show that 25 per cent of children have sexual experiences with adults before they are 19 years of age; 85 per cent of sexually abused children have been abused by people they know;[7] 60 per cent to 80 per cent by a parent or guardian.[9]

For many reasons, the child victim may be loathe to talk about the abuse: fear of the abuser, hostile reactions on the part of disbelieving adults to previous disclosure, and misplaced guilt all contribute to a child's reticence. Research on child protection has shown that, if children misrepresent their sexual experiences, it is usually on the side of denial rather than exaggeration.

Adult ears are often deafened by our repugnance at a child's description of a sexual act, "Daddy put his mouth on my wee wee." We may feel reluctant to disrupt the child's and family's life by putting in motion an investigation of the child's allegations. Perhaps, too, we may wish to save ourselves the discomfort and anxiety of court appearances, especially when such an embarrassing topic is concerned. Finally, long habits of patient confidentiality may be difficult to break, particularly in cases of incest where both victim and assailant may be our patients.

However, if our children are to be free from coercion and fear, if they are to be made safe from this particularly damaging form of abuse, we must listen carefully to what they say. They will usually tell the truth. It is our moral and legal responsibility to report possible cases of abuse. It is the responsibility of the police and Ministry of Human Resources to ensure that a child is safe.

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Everyone involved in an investigation of child sexual abuse should do so in the hope that child and parents will experience it as a demonstration of our society's commitment to the health and safety of our children.

The doctor's role in the investigation of child sexual abuse is relatively easy, since the burden of proving or disproving what happened does not fall on our profession. When the physician is the first to suspect abuse, a call to ZENITH 1234 must be made to report this fact. Once an investigation is under way, the physician will be called upon to report relevant medical findings. The rest of this paper will discuss how a physician might proceed with a child patient who may have been sexually abused.

Medical Examination

The medical examination of the child who has suffered sexual abuse has three objectives: to provide reassurance to the child and caregivers, to identify and treat medical problems that may have arisen from the abuse, and to collect evidence for use in family, civil and criminal court. As in any physician-patient relationship, the doctor's role is always and foremost to care for the child's physical and emotional well-being (Table 3).

The timing and extent of the physical examination of the child victim of sexual abuse must be tailored to the child's age, medical and sexual history, and the episode requiring investigation.

If the physician is contacted more than 72 hours after the most recent sexual assault, and the child has no physical complaints, the examination is not urgent and can take place at a time and place convenient to both child and doctor. Often, both parents and professionals, upon discovering a case of sexual abuse, will demand proof from a physician immediately. Unfortunately, we can seldom offer proof.

In only 20 per cent of children believed to have been sexually abused are any corroborative physical findings found on medical examination.[3] It is often, therefore, the physician's role in an investigation to disclaim responsibility for proving abuse. It also is not necessary, under the law of British Columbia, to have corroborative evidence in order to take steps to protect the child.[1] Corroboration . . . (may be) . . . necessary for the prosecution of the offender in criminal court, but such evidence is rarely required urgently. So the medical examination has no bearing on immediate child protection, and if no urgent concerns exist, it should be deferred until the child is feeling more settled.

On the other hand, if an assault has taken place within 72 hours, the child should be examined as soon as possible, so that crucial evidence will not be lost.

History-Taking

As in any examination, it is important to gather as much history as you can first, with the important difference that the history of a sexual assault is painful to remember, embarrassing to tell, and often exquisitely difficult and time-consuming to elicit. Therefore, the child should be interviewed by an experienced social worker, psychiatrist, psychologist, or police officer before the physician meets the child, and the information obtained in that interview communicated to the physician for use as background for the medical examination.

Before seeing the child, the physician should have from the interviewer the medical, sexual, and social history of the child, the date and time of the alleged sexual assault, the number of assaults, the identity of the assailant, the child's perception of the experience, the identity of the people the child trusts and their reaction to the disclosure, and the child's own words for what happened and for the body parts in question.

Any medical records of previous examinations alluded to by parent or child should be requested. Sometimes a prior examination done elsewhere will prove sufficient for the present purpose and the child will not have to be examined again.

Based on the social and sexual history and the history of sexual assault, a physician must decide who should be present during the medical history-taking. An adolescent should be seen alone.[2] Of course, a parent implicated in the abuse should always be excluded, but even a non-offending parent who is frightened and anxious will be no help to even a very young child. It is probably most desirable to interview the verbal child alone. A child will often prove more poised and calm alone, despite what parents may say to the contrary.

Make every attempt to put the child at ease. Examination of a relaxed child can, in itself, be therapeutic; it also will produce more useful medical information. Introduce yourself in the waiting room. Dr. Shirley Cook-Anderson, Director of the Harborview Sexual Assault Service in Seattle, Washington, has told me that she often gets on her knees to meet a child in order to be on the child's own level.[4]

The history-taking, like the physical examination, should take place behind closed doors in a quiet, private room, without risk of interruption or of overhearing by anyone. Wearing street clothes, having toys in the examining room, chatting a little first about school, friends, etc., are all ways to ease the tension. Use this time to assess the child's mental status and development level.

Proceed gradually to a complete functional inquiry with an emphasis on complaints related to sexual abuse. Use age-appropriate vocabulary. If you don't know what words the child uses, try a few until you hit upon the right one: pee? wee wee? tinkle? Point to body parts if you need to. A doll is very useful for this. The Vancouver Family and Child Assessment team have anatomically-correct dolls that are enormously helpful for such interviews. Do not try to go over already-covered terrain (which you will have learned from the previous interviewer), try to elicit medical complaints that may have arisen from the child's experience: "Does it hurt when you go pooh? Does your bum ever bleed? Does your tummy ache?" See Table 1 for a list of physical and behavioural problems that can arise from childhood sexual abuse.

The Non-Urgent Examination

If, despite my best efforts to put the child at ease, the child still does not wish to be examined, I do not proceed. The objective of this examination is to protect and reassure the child; it is rare that an examination is refused in the case of real and immediate physical complaints. Because of the nature of the examination, it is both unproductive and damaging to examine an unwilling child: unproductive because crucial physical signs may be masked by the child's struggle and tenseness; damaging because the child victim of abuse has already suffered coercion at the hands of adults, and forcible physical examination risks further damage to the child's sense of trust and self-esteem.

When examination is felt to be imperative, but the child consistently refuses, examination under anesthesia can be considered. Except as part of cystoscopic examination to investigate chronic urinary tract infection in a sexually abused child, I have never had to resort to examination under anesthesia for sexual abuse. Also, I have not succeeded in examining every child who has been referred to me. Many times a child who is resistant to examination at the initial visit will feel more relaxed during a second or third visit and will eventually allow himself to be examined. The child's resistance should be recorded. It can be compared to the behaviour of other children of a similar age. Do most seven-year-old boys in your practice remove their jeans for a physical? A child's stubborn reluctance to allow physical contact often relates to painful past experiences.

Conduct a complete physical examination. Assess the child's emotional state. Note the child's level of physical and sexual development: height, weight, pubic and axillary hair growth, breast development. The pharynx should be swabbed for culture and sensitivity to rule out gonorrhea.

For examination of her vulva, a small child may be most comfortable sitting up with her legs in the frog position, knees apart, feet together.[2] First of all, look without touching. Note what you see and record it carefully later: skin changes, scarring, bruising, bleeding. Then, touch the perineum with a thumb or fingertip on each side, just lateral and caudal to the vaginal introitus. Watch for reflex relaxation, in which, when the perineum is touched, it sags and the vagina gapes slightly. This is a learned response to repeated introduction of some object into the vagina and it may be present at any age. It is evidence of previous sexual experience. In a tense, resisting child, this sign is, of course, absent.

Look for scars around the vaginal introitus, skin changes, discharge. Forced intromission will most often produce fine linear scars perpendicular to the introital margin between five and seven o'clock. Obtain swaps for culture and sensitivity. The unestrogenized vaginal mucosa of a pre-pubertal girl is thin and exquisitely tender. Be gentle. Moistening the cotton tip of a swab with sterile saline solution before use helps reduce friction and pain. An eye dropper may be used to squirt sterile saline into the vaginal opening and the washings retrieved for culture.

With slightly more lateral pressure the hymenal ring can be visualized. The diameter of the opening and the condition of the ring should be noted. Self manipulation and tampon use may result in a widened ring diameter but usually in these cases its edges are smooth and its opening round. Rupture of the hymen sometime previously usually results in rounded skin tags.

Describe what you have seen in your notes, including an estimate of hymenal diameter. The significance of your findings can be determined later, if you are unsure of it, by a review of the literature or by telephone consultation with a more experienced physician.

> (Since this article went to press, I have found a new piece of research which clarifies a point I left deliberately vague: namely, the normal diameter of a child's hymen. In *Vaginal Inspection as it Relates to Sexual Abuse in Girls Under Thirteen* (Child Abuse and Neglect Vol. 7, pp. 171-6, 1983), Hendrikia Cantwell, MD, describes 247 vaginal examinations of girls under thirteen. Three out of four girls whose horizontal hymenal measurement was greater than four millimeters gave a history of sexual abuse. Thus, a hymenal diameter of more than four millimeters in a pre-pubertal child should raise a high suspicion that she has been sexually abused. Dr. Cantwell recommends that physicians routinely inspect vaginal openings in paediatric examinations. In her study of 202 children who gave no history of sexual abuse prior

to examination, 47 were found to have hymenal diameters greater than 4 mm, and 33 of these subsequently reported they had been sexually molested.)

Instrumentation of the vagina in a young child or virgo-intacta is analogous to cystoscopy and should be carried out only under general anesthesia, or, in certain circumstances, by an experienced specialist with special equipment, such as the Huffman-Graves virginal speculum. It should not be done as a routine office procedure, and it should be expected to be painful.[2, 4]

Examination of the anus can be done with the child standing or in the Sim's position. Start by spreading the buttocks laterally and observe for reflex relaxation in which the anal opening increases as the buttocks are spread. All degrees of disruption of normal anal laxity have been described. Again, note what you see and describe it accurately and legibly in your notes.

A toddler's stool can be 1½ inches in diameter, so the anal opening is distensible, and if a child is instructed to bear down, "act like you're going to pooh," very little resistance is felt by an examining finger. If the examiner gives no instruction to the child, typically the anal opening tenses upon digital examination. If, however, the child's rectum has been repeatedly manipulated by numerous medical examiners or sodomy, the child will have learned to bear down when the anal verge is touched and so relax his sphincter without being told to do so. In this case, the sphincter is intact and the examiner will feel its delayed contraction as an increase in pressure on the examining finger. A child may complain of pain as the sphincter tightens.[4] This reflex relaxation of the anal sphincter should be noted; it indicates that the anus has been repeatedly entered previously. Fissures, scars, skin tags should all be noted and swabs for culture and sensitivity obtained.

The Emergency Examination

The child with a history of sexual assault within 72 hours should be seen as soon as possible. When such a child presents to the emergency room, she should be given priority over all but the acutely ill. In the case of a recent assault, some additional historical details should be clarified as they will affect the findings of the examination. Has the child eaten or drunk anything or brushed her teeth since the assault? Has she bathed or douched? Has she urinated or defecated? Has she changed her clothes?

In a case of recent sexual assault, all material evidence collected in the course of the physical examination should be carefully packaged, labelled with the examiner's signature, the patient's name, and the date, and transferred by the physician to the hands of a police officer for transport to the local forensic laboratory. The child's clothes, if they were worn at the time of the assault, should be removed in front of the physician and packaged and labelled as described. So also should be any foreign material found on the child's body, such as grass or pubic hairs not belonging to the victim, as well as laboratory samples (described below). Remember that all of these objects may require identification by you, under oath in a court of law, at some time perhaps as far as two years in the future, and label them accordingly. The police officer should give you a receipt for the items he receives.

In the course of a careful, complete physical examination, search for evidence of any physical abuse the child may have reported. A child who has been hit on the face may have swelling and bruising inside the mouth. Make careful notes of the size and location of any physical injuries. A traumagram is helpful for note-taking.

When visible injuries are extensive, forensic photographs should be requested. The police will arrange these, upon request of the physician, who must carefully designate which areas of the body are to be photographed. Since bruising may be more evident 24 to 48 hours after the assault than it is at first, you may decide to arrange for repeat examination when you expect the bruising to be most livid (Table 2).

Recent penile contact can leave traces of acid phosphatase or sperm. Semen will floresce under Wood light examination. Any florescent areas on the child's body should be gently scraped with a dry cotton swab and the swab placed in a dry test tube for transfer to the forensic laboratory for acid phosphatase determination.

All body orifices where the child reports penile contact also should be sampled. A dried slice (as a permanent slide for spermatozoa) and a dried swab (for acid phosphatase determination) should be sent to the forensic pathologist; the examining physician should make a wet mount preparation with a drop of sterile normal saline solution, and examine it immediately, for five minutes, under high-powered field microscope, recording presence, number, and motility of spermatozoa. A small amount of sterile normal saline may be squirted into the vaginal pool, either through an eye dropper or a small saline bottle (ophthalmological saline is packaged individually in bottles convenient for this use), and this aspirated using a glass pipette to make the slides. As the cotton tips of swabs are damaging to spermatozoa, glass pipettes are preferable for taking sperm samples. The pharynx, vagina or penis, and rectum should all be swabbed for culture and sensitivity.

The victim of recent sexual assault should be advised regarding veneral diseases prophylaxis, and, if she is post-pubertal, pregnancy prevention. Since cultures for gonorrhea are only significant 48 to 72 hours after contact with the organism, if the child's likelihood of venereal disease contact is great, Ampicillin 3.5 gr. with Probenecid lgr. as a single dose may be given with advice to have follow-up cultures 72 hours later. This is an adult dose. To prevent chlamydia or in a patient allergic to Penicillin, Tetracycline 500 mg. every six hours for seven days should be given. This is an adult dose. Of course, Tetracycline must not be prescribed to a child under eight years of age. Where chlamydia cultures are not available, follow-up must rely on clinical signs.

To prevent pregnancy, the so-called morning after therapy can be given within 72 hours of unprotected intercourse in the post-pubertal child: Ovral two tablets initially and two 12 hours later, with counselling that abortion is recommended should the therapy fail or should she already be pregnant, as the effects of the medication on the fetus are unknown.

Recording and Reporting

In order to make the examination faster and more personal, I make minimal notes when I am with the child. Immediately afterward, detailed legible notes should be made giving special attention to affect, mental state, the patient's response to the examination, the site and description of injuries, and the site of any samples taken for medical or forensic purposes.

It is not the physician's responsibility to determine whether an assault occurred. Do not make judgements, simply record observations. If the significance of some finding is unknown to you, simple note it without comment. Use the term "alleged" to preface anything of which you have no direct knowledge, e.g.: "alleged sexual assault," recording only things that you have personally seen.

The physicians' medical notes will contain details irrelevant to the court inquiry (such as whether the patient was using contraception, which the physician would ask in order to counsel her regarding pregnancy) which may be deleted from the report submitted to the investigating officer. It is advisable to consult with the police and the prosecutor handling the case before preparing your medical-legal report. Keep in mind that all your notes can be examined in the course of the trial, however. The prosecuting attorney will have questions regarding medical aspects of the case which the examining physician should have an opportunity to consider before the trial.

If the examining doctor does not feel qualified to comment upon the medical evidence in a court of law, a medical expert witness can be called. Contact the prosecuting attorney upon receipt of a subpoena to discuss these issues, to give both you and counsel as much time as possible to prepare the case.

Reassure

After the examination, with the child dressed, the physician should take some time to talk to both the child and the guardian about the examination and its results. Often the child is too shy to articulate his or her concerns. "Will I be able to have babies?" "Does everybody know this has happened to me?" are questions the doctor might anticipate by asking, "Do you wonder if you'll have boyfriends/girlfriends/babies?" and answering, "Of course you will, like everybody else."

The sexually abused child is in deep need of reassurance as to his or her normalcy, and often this reassurance can best come from the examining physician. Where injuries have occurred, these should be described and treatment outlined.

The child victim of sexual assault feels guilty, both for the abuse and for talking about it. The doctor can allay the child's feeling of guilt. "What happened is not your fault. I'm glad you told. I hope it doesn't happen again."

Don't lie to the child. The most tempting falsehood concerns the secrecy of the child's disclosures, which the physician cannot guarantee . . . . Try to explain that all the adults concerned hope that the child will be made safe because she told her story and that no one blames the child for what happened.

The non-offending parent needs reassurance also, often even more than the young child does, and will need to be seen alone for supportive counselling.

Both child and parent should return for at least one follow-up visit, for purposes of discussion and reassurance. Again, the child's innocence should be stressed. Children are not responsible for what adults do to them. "It's wrong, and it's not your fault," should be said. The child and guardian should be reassured as to the child's physical health, and psychological and medical follow-up planned.

It is impossible for anyone to consider the topic of sexual abuse of children without emotion. Our pain and embarrassment at learning of a child's experience must not allow us to ignore what the child tells us (verbally, behaviourally, or by medical signs and symptoms). It helps to keep in mind that the child's pain is greater than the doctor's, and that it can be alleviated, like so much of our patients' pain, by being communicated to a sympathetic ear. This process of catharsis is the first thing we can offer the young victim of sexual abuse.

Doctors have said to me that they feel they are compounding a child's injury by examining the assaulted body parts. Isn't introducing a finger into the anus to test for reflex relaxation of sphincter the same, from the child's point of view, as putting in a penis? I believe that by conducting the medical examination with great gentleness and respect and by giving the child control over the experience (never forcing a child), the physician can offer an antidote to the abuse. Where the child has previously been coerced, the child can have control. Where the child's body has been treated with contempt, it can be touched with respect and kindness. While fulfilling its medical and legal purposes, the physical examination can have a direct therapeutic effect, and can leave the child feeling more comfortable in her body, less ashamed, more in control.

It is by returning to the individual a sense of pride and power that we can help heal the injury and guilt inflicted by abusive adults on children. The doctor, by his attitude and approach, can help begin that process of healing.

BRITISH COLUMBIA
FAMILY AND CHILD SERVICE ACT
CHAPTER 11

(Proclaimed in force June 1, 1981)

Duty to report

7. (1) A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent or a person designated by the superintendent to receive such reports.

(2) The duty under subsection (1) overrides a claim of confidentiality or privilege by a person following any occupation or profession, except a claim founded on a solicitor and client relationship.

(3) No action lies against a person making a report under this section unless he makes it maliciously or without reasonable grounds for his belief.

(4) A person who contravenes subsection (1) commits an offence.

Protection from liability

23. No person is personally liable for anything done or omitted in good faith in the exercise or purported exercise of the powers conferred by this Act.

TABLE 1

PHYSICAL AND EMOTIONAL INDICATORS OF CHILD SEXUAL ABUSE [3 8 9]

History of venereal disease in childhood or adolescence.

Non-Specific Symptoms in Preschool Children

Excessively clinging behaviour.
Poor sleep, excessive fear of the dark.
Encopresis, especially secondary.
Enuresis, especially secondary.
Abdominal pain without physiological basis.
Fear of men, or of one particular individual.
Urinary tract infections.
Vaginal infections.
Anal fissures.

Non-Specific Symptoms in School-Age Children

Sudden drop in school performance.
Sleep disturbances.
Truancy.
Running away from home.
Fear states: phobias, conversion hysteria.
Fire setting.
Depression.
Memory or concentration disturbances.
Overly detailed, age-inappropriate knowledge of sexual behaviour.
Excessively sexually provocative behaviour.
Somatic complaints without physiological basis.
Urinary tract infections.
Vaginal infections.
Anal fissures.

Non-Specific Symptoms in Adolescents

Running away from home.
Truancy.
Depression.
Abdominal pain and headaches without physiological basis.
"Wifely" role in household.
Prostitution.
Drug abuse.
Alcoholism.

Table 1 — Non-Specific Symptoms in Adolescents (continued)

Stealing.
Adolescent pregnancy.
Preoccupation with sex in conversation.

TABLE 2

Age of bruising[9]

24 hours	Violaceous; red, red-blue, with crisp margins.
36 to 48 hours	Margins fading, violaceous to blue-black.
38 to 72 hours	Margins yellowing and becoming indistinct.
3 to 5 days	Uniform fading and yellowing.
7 days	Deep discolouring gone, yellowing nearly faded.

TABLE 3

Protocol for Treatment of Sexually Abused Children[6] [7]

1. Always obtain child's consent first, at every stage.
2. Directed medical interview, after detailed history has been obtained from third party: police, social workers, etc.
3. Note general appearance, emotional status and response to examination, condition of clothing.
4. General physical examination, with detailed description of injuries.
5. Collection of material evidence: foreign material, etc., for transfer to the police.
6. Examination for sperm and semen: Woods light, wet mount, dry swabs for acid phosphatase (be aware of requirements of our local forensic laboratory), permanent slide for sperm for transfer to forensic laboratory.
7. Wet mount preparation examined immediately under microscope.
8. Pelvic examination limited, depending on child's age, sexual development and sexual history. Cause no pain.
9. Rectal examination.
10. VDRL when abuser is believed to be a male homosexual, four weeks after the last assault.
11. Cultures for gonorrhea and chlamydia (if available) of the mouth, vagina/penis, rectum.
12. Pregnancy test, if indicated.
13. Medication: gonorrhea and chlamydia prophylaxis, pregnancy prevention, tetanus prophylaxis.
14. Notification of the Ministry of Human Resources and the police.
15. Protection of the child; be sure the child has a safe place to go.
16. Counselling and reassurance of the child and trusted caregivers.
17. Follow-up visits as required for medical reasons and reassurance.
18. Careful, complete recordings of findings.

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V. Ministry of Education

The Overview, found at the beginning of this handbook, contains the definition, grounding assumptions and co-ordinated response for incidents of child abuse, including sexual abuse. In order to fully appreciate the commitment of other professionals to an integrated response, it is essential to read the Overview and to be familiar with sections dealing with other ministries' procedures. A clear understanding of responsibility, policy and lines of communication will help everyone involved in the delivery of service in this sensitive area.

A. INTRODUCTION

Physical abuse involves the use of physical force which may result in an injury to a child. An injury of this nature is sometimes referred to as a non-accidental injury. Physical neglect involves the chronic or episodic withholding of essential physical care from a child. Necessary physical care may include the provision of food, nutrition, shelter, clothing, medical care and supervision. The withholding of necessary emotional care and support from a child, which results in some degree of emotional damage to the child, is referred to as emotional neglect. This kind of neglect may consist of withholding love and affection, affirmations of the child's self-worth and sense of belonging, and may even involve the complete withdrawal from any interaction with the child. Child sexual abuse involves any sexual exploitation of a child and may include any sexual behaviour directed toward a child. The sexual interaction may be perpetrated by a caregiver, family member, other adult, or older child.

B. INDICATIONS OF POSSIBLE ABUSE AND NEGLECT

There are a number of physical symptoms or behaviours which, when demonstrated by a child, may be indicative of abuse or neglect. When considering the significance of the symptoms or behaviours of concern, consultation with a community health nurse may prove to be helpful. For the purpose of example, a number of general patterns of symptoms and behaviours are described. Especially when observed in combination, these and other symptoms and behaviours should alert educators to the possibility of abuse or neglect.

Educators should be concerned about the student who is:

1. Frequently tardy.
2. Very reluctant to attend school.
3. Frequently absent from school.
4. Apparently reluctant to go home after school.
5. Frequently inadequately dressed for the season or the weather.

Of obvious concern is the student who:

1. Appears to be undernourished.
2. Has obvious medical needs that are not receiving attention.
3. Has physical injuries such as bruises, welts, cuts or burns and whose explanations appear to be incompatible with the nature or extent of the injury.
4. Appears to be unusually fearful to undress at appropriate times, such as for gym class.
5. Complains of pain around the genital or mouth and throat area.
6. Mentions that "it hurts when going to the bathroom."

It should be noted that frequently students demonstrating these symptoms are fearful when questioned regarding an injury.

Patterns of extreme behaviour demonstrated by students, whether passive and overly compliant (possibly even appearing to be fearful of physical contact) or aggressive and destructive, should also alert educators to the possibility of abuse or neglect.

Students whose drawings of people frequently include disproportionately shaped sexual organs or who demonstrate unusual interest in or preoccupation with sexual acts or sexual language, which is beyond the kind of interest normally expected for their age, are also of concern.

Educators should be alerted by a student who appears to be extremely fearful of being left alone with particular adults or with adult men or women in general. These students may also attempt to draw attention to themselves through acting out behaviours such as drug and alcohol abuse or sexual promiscuity.

The behaviour of the parent may also provide an indication of possible abuse. Unrealistic demands to perform placed on the child by the parent, or a lack of concern for the well-being of the child, should concern educators. The parent who appears unduly untrusting and suspicious of personnel from schools, or is aggressive and abusive when approached about concerns regarding his child, may also be indicative of an abusive or neglectful situation.

A more complete list of indications of possible abuse and neglect may be found in the Appendix B.

C. THE ROLE OF EDUCATORS

Educators play a unique role in the identification and reporting of abused and neglected children. Since educators are in daily contact with children and are trained observers of children's behaviour, they are frequently the first adults to become aware of situations which may be indicative of abuse or neglect. In fact, the school may be the only place where an abused child feels safe and in contact with caring adults.

All educators share responsibility for increasing their own awareness and knowledge of:

1. The incidence and identification of child abuse.

2. Their responsibility to report all suspected cases to the Ministry of Human Resources and the police.
3. The appropriate procedures to follow when reporting suspected cases.

School districts should develop effective in-service programs, possibly taking advantage of available community and provincial resources, in order to enhance knowledge and awareness in this area. Programs to train children in strategies to avoid or deal effectively with abuse situations should be supported and further developed. Educators should also take part in the development of effective integrated community-based networks to respond to cases of child abuse and neglect. Inter-agency protocols or guidelines will be developed in each local area and educators should participate in their development and ensure that all staff members are familiar with them.

Educators must also become aware of basic dynamics and detection of child sexual abuse. Again, because of the unique relationship which educators have with students, there is a significant chance that the sexually abused child will disclose to them the fact that they have been, or are being, abused. The immediate response to a disclosure of this nature is extremely important. Educators should be able to react in an appropriate and sensitive manner:

1. **Listen** to what the child is trying to convey.
2. **Respect silence** and do not rush the child or put words in the child's mouth.
3. **Keep any questions short,** using words that are part of the child's vocabulary.
4. **Give immediate reassurance** and support to the child, indicating that you believe him and do not blame him.

It is critically important that, upon disclosure, educators take immediate action by reporting to the Ministry of Human Resources and to the police. This will help protect the child from any recurrence and from pressure to retract allegations.

D. REPORTING RESPONSIBILITIES

The Family and Child Service Act (1981) requires that every person who has reasonable grounds to believe that a child is in need of protection report the circumstances immediately to the Superintendent of Family and Child Service (in practice, to the delegated social worker in the local Ministry of Human Resources office). For further details regarding The Family and Child Service Act (1981), please refer to the information under the Ministry of Human Resources section of this handbook.

Educators, therefore, who have "reasonable grounds" are thus **required by law** to report to the local Ministry of Human Resources office their suspicions of a case of child abuse or neglect. Policy also requires that the police be informed of any suspicion of physical or sexual abuse. The responsibility for investigating such reports rests with designated social workers of the Ministry of Human Resources and the police.

Many school districts have established internal procedures for reporting such suspicions. Frequently, there is consultation with the community health nurse. Suspected cases are also reported to the school principal and the Superintendent of Schools. These practices are desirable; however, it must be stressed that, by law, responsibility for reporting rests with the person who has reasonable grounds to suspect abuse. **This responsibility is not discharged by an educator reporting to any person other than an appropriate delegate of the Ministry of Human Resources.** Any individual making such a report is exempt from liability unless he makes the report maliciously or without reasonable grounds.

E. REPORTING AND INVESTIGATION PROCEDURES

The investigation of a complaint that a child may have been abused is the joint responsibility of the Ministry of Human Resources and the police. **These responsibilities cannot be assumed by school district personnel.** An integrated response requires that an investigating social worker and/or police officer will request co-operation from school personnel who have knowledge of the situation and will endeavor to provide feedback regarding the outcome of the investigation.

In cases where it is suspected that a child has been abused, the procedures outlined below are to be followed:

1. All school employees, alerted for signs of child abuse, shall promptly report their suspicions to a social worker within the local Ministry of Human Resources office, and notify the school principal of their actions.
2. In the event of suspected physical or sexual abuse, educators shall report their suspicions to both the Ministry of Human Resources and the police. Both agencies should be notified that the report has been made to the other agency.
3. Statements made to school employees should be recorded in the child's own words. School employees, while offering support, should refrain from interviewing the child after receiving the child's first disclosure. Interviews will be conducted by police and/or Ministry of Human Resources personnel. In the event that the child has a disabling condition which impedes his ability to communicate (for example, is hearing impaired), steps should be taken to locate an individual who is familiar with the disabling condition, to assist with interviewing the child.
4. In all cases, principals are required to allow the investigating social worker and the police to interview the child in the school. As the school is a safe, neutral environment in which to conduct interviews which are sensitive to the child's needs, social workers or police officers may choose the school as an interview site. It is expected that the principal shall advise the investigating social worker or police officer of pertinent information.

   Although an educator may be requested to be present during an interview to provide support to the child, an educator is not required to be present when the child is interviewed. This situation is not parallel to that described in Schools Department Circular No. 101, 79.10.23 in which police officers interview the child in the course of investigating an alleged offence by the child. In that case, the principal or teacher in acting "in loco parentis" to ensure the protection of the child's rights. A social worker may interview a student in a school when investigating child abuse under the legislative mandate for the protection of children.

When there is reason to believe that an abusive situation exists, educators should refrain from contacting parents unless specifically asked to do so by the investigating social worker or police officer. The responsibility for contacting the parents of the child who is allegedly abused or neglected rests with the investigating social worker or police officer.

F. SUMMARY OF PROCEDURES

REPORTING

An educator who suspects that a child is being abused reports his suspicions to a social worker within the local Ministry of Human Resources office and notifies the school principal of his actions. Suspected cases of physical or sexual abuse shall be reported by educators to both Ministry of Human Resources and the police.

INVESTIGATION

The delegated social worker, and in appropriate cases the police, will investigate reported cases. Consultation with educators will take place where appropriate and practicable.

INTERVENTION — OUTCOME

Following the investigation carried out by the social worker, representatives of the Ministry of Human Resources will assess the need for any service required by the family or child and then withdraw from or intervene in the case. The police will, following their investigation, withdraw from the case or forward a report to Crown counsel to determine if there is sufficient evidence for prosecution. Representatives of both the Ministry of Human Resources and the police will endeavor to provide feedback to those educators directly involved regarding the outcome of the investigation; however, confidentiality respecting details of the case is required by Section 22 of the Family and Child Service Act.

A. Guidelines for Investigative Interviewing of Child Victims of Sexual Abuse

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INTRODUCTION

These guidelines will facilitate an in-depth interview by professionals with a mandated responsibility to conduct investigations. Professionals (such as teachers, public health nurses and so on) who are mandated to **report** child abuse should not undertake an investigative interview.

It should be kept in mind that the methods described on the following pages have proven both practical and effective. Suggestions apply, in most respects, to all age groups and can prove useful in interviewing even very young or handicapped children with poor verbal skills. However, each child and each situation will present unique features. Interviewers should feel free to adapt and respond in ways they feel are appropriate for the circumstances.

The goals of the investigative interview are to assure protection of the child, and determine whether an offence has occurred. Whenever possible, the interview should be tape-recorded to avoid the necessity of interviewing the child again later. A sexually abused child will likely be highly anxious at the prospect of talking about the details of the abuse. Prolonging the disclosure over more than one interview can increase the anxiety further. The child is likely to talk more spontaneously at the time of the crisis than she will later. Therefore, the first interview of the child should be comprehensive and aimed toward gathering all information immediately required.

A number of factors should be considered in interviewing the child. Perhaps among the most important are the knowledge and experience of the investigators. Children reporting sexual abuse should be presumed to be telling the truth. Every report warrants a full investigation, even in the face of initial denial by one or more of the individuals. False denials of sexual abuse are more common than false reports.

In these guidelines, the victim is referred to as "she" and the offender as "he," reflecting current occurrence statistics. (Editor's note: However, it is important to remember that sexually abused children are not exclusively female and abusers may also be of either sex.)

1. FEELINGS — THE CHILD'S AND THE INTERVIEWER'S

The Child's

When it has just been disclosed that a child has been the victim of sexual abuse, the child experiences a new crisis in life. That which has been previously a secret now has come out into the open. The child's feelings of shame, guilt, anxiety, fear and confusion are exposed for the first time to adults who are outside the abusive relationship and outside the child's family. The child wonders if she will be believed, wonders if people will be angry, disappointed or rejecting of her.

It is possible that she may not have deliberately disclosed that she has been sexually abused. If this is the case, she may be reluctant to talk and fearful of the implications. The child may have been bribed, coerced or threatened into maintaining the secret. It is common for abusers to tell the child she is responsible for the abuse, that if she tells anyone she may be responsible for the abuser going to jail, the breakup of the family. She may have been told that her mother will have a nervous breakdown or no one will believe her if she discloses.

The Interviewer's

Even experienced investigators may experience a sense of shock, revulsion or outrage at the offender. The child, however, may not be feeling this way at all. If the child senses a horrified response from the adult, it communicates to the child that she has been involved in something of which she should be ashamed. This has the effect of increasing the trauma the child has already experienced. **While it is critical that the interviewers be both self-aware and empathetic, they should not convey their own feelings to the child. Rather, they should be encouraging and supportive, but neutral.**

2. CHECKLIST

Interviewers should assess the child's level of maturity and understanding of sexuality and functions of various body parts in securing the following information during the first interview:

a) Chronological age.

b) Family relationships.

c) Cultural/social background.

d) Name of the offender; his present location.

e) The relationship of the child to the offender.

f) The duration and extent of the abuse.

g) What happened **in detail**, when it happened, where, and how often.

h) Date/time of last occurrence; likelihood of physical evidence.

i) Names of anyone else having knowledge of the abuse.

j) Names of anyone else involved in or observing the abuse.

k) Whether the child has been bribed, threatened and/or physically harmed at any time.

l) Whether the child has been bribed or threatened to either:

    i) take part in the activity or

    ii) keep the activity secret.

m) Names of anyone the child has told in the past and what happened.

n) If the child has not told the non-offending parent(s), is she able to say why?

o) Child's assessment of current situation and what should happen next, e.g. does she have support, is she safe at home?

3. PREPARING FOR THE INTERVIEW

Interviewing a child is considerably different than interviewing an adult. Children are less verbal than adults and often communicate non-verbally through their behaviour, play or art. If there will be two interviewers (such as a police/child welfare team), they should decide in advance who will take the lead and adopt the primary interviewing role. **The interview should take place in a neutral location,** if possible away from where the alleged abuse occurred.

The interviewers should arrange seating in as non-threatening a manner as possible. Do not tower over the child. Try to avoid having two adults confronting the child face-to-face. Instead, try having the interviewers sitting on either side of the child or one interviewer facing the child, one sitting beside the child. The child should be asked if she wants anyone else present (for example, her mother). If she requests this, the person should sit behind the child, out of the child's direct view.

Begin the interview armed with as much information as you can obtain. It helps to know the child's name, nickname, parents' names, brothers' and sisters' names, pets if any, name of the child's school, teacher, grade. Attempt to obtain any other relevant information that may colour the child's response; is she mentally or physically handicapped, has she been sick recently, has there been any recent trauma in the family (death, divorce, moves, etc.)? It is also important to know as much as possible about the circumstances leading up to the disclosure of abuse.

4. OBTAINING THE CHILD'S STATEMENT

Keep in mind at all times that you may not suggest what may have happened or ask the child leading questions. You must **never offer a reward for talking or a threat of some retribution if she does not talk.** Children respond better when you **go from the general to the specific** and from the **less sensitive to the more sensitive areas** in a gentle but persistent progression.

Getting Started

Tell the child your name(s) and what your jobs are (i.e. police officer, social worker). Tell the child that your job is to help children who may be having a problem. Tell the child that you have been told that she has been having a problem and you need to talk with her. Tell the child she can help you to do your job if she will talk with you now. (Children often respond well to a request to help an adult.)

At this point, introduce the audio-tape. Tell the child it helps you to do your job if you can put your talk with the child onto tape. Show the child how the machine works and allow her to play with it. Start the tape, play it back, allow the child to talk into it, then say you are going to start the tape so that from now on, everything everyone says can be recorded. Tell the child everything now will be recorded so everyone should leave the tape alone.

(You may find, however, that the child will want to periodically speak or sing into the microphone. Permit this for a minute or so as long as the tape is not turned off. Children do this kind of thing to discharge anxiety.) If you let them play a little it will reduce their anxiety. **Do not get into a power struggle with the child over the tape recorder.**

Establish the purpose of the interview by saying, "We have been told that something has been happening to you that you don't feel quite right about. We have been told you have been having a problem with (name alleged offender) and we would like you to talk about it." Then return to the concrete information that is non-threatening. For example, ask the child if she remembers the day about which you have information. Ask if something happened, can the child talk about it. Say that it's important to talk if something happened and it's okay to talk. Tell the child that the interviewers have talked with lots of children and that if something has happened, the interviewers can help, but they need to hear from the child first.

Children's Sense of Time

Children do not relate to time the way adults do by referring to dates, hours, etc. Rather, they relate to birthdays, holidays, seasons, night and day, special events or the time certain shows are on television. Ask the child where the child was when the alleged incident occurred, who else was present, who else may have been nearby. Ask the child if she remembers if it was a school day or a holiday. Ask when she got up, what did she have for breakfast, what did she wear, what was the weather like, did she go out of the house, what did she do, did she come back to the house, etc. Lead the questions toward the time of the alleged incident.

Children's Language

Allow the child to tell the story in her own words. Young children may know only slang words for parts of their bodies and may be embarrassed to say them. Tell the child that her own words are okay. Adolescents may use formal or technical words. Ask questions to assure yourself that you and they understand the same meaning for the words. (For example, if an adolescent says "make love," do not assume she means vaginal intercourse. Ask them what happened in terms of placement of hands, penis, vagina, enlargement of penis, semen emerging and so on.)

When the child talks, nod your head and repeat the words the child is using. When the child pauses, help her to continue talking by saying "and then what happened." You may say something like "You have told me he touched you, can you show me where he touched you?" Only after the child has begun talking and is describing an incident, should you press for clarification of details:

"Where were his hands, where were your hands?"

"Were your clothes on, were his clothes on, who took them off?"

"Was he saying anything, what was he saying?"

Let the child know she is doing well by giving you complete information. If she is showing distress, let her know that you know she is upset, that you understand how hard this is, but it is a good thing to talk about it. **Do not ask directive questions** or questions that suggest a response such as "Did he touch you on the breast?" This must be volunteered by the child. Such information must emanate from the child, not the interviewer.

5. USE OF AIDS

Drawings

Some children may respond better if they are given an opportunity to express themselves in drawings before they have to commit themselves with words. If possible, drawing materials should be on the table before the interview begins. The child may initiate drawing.

If the child is not talking or drawing, one of the interviewers can take pen and paper (bright coloured felt pens or crayons are ideal) and begin drawing. Stick to the concept of beginning with less threatening matters. The interviewer could draw herself, the police station, the school, the neighbourhood. Draw a picture of the interviewer talking to the child. Leave the faces blank, invite the child to fill in the faces. Encourage the child to take over the drawing.

Respond to the kind of expression you see. For example, ask "Is that a sad face? Is this an angry face?" Then ask the child to draw her house, brothers, sisters, mother, father, the alleged offender (if it is not the father). Ask the child to tell you their names, to describe the expressions on their faces.

It can be helpful to assist the child in drawing a diagram of her house or wherever the abuse occurred. This can be used to clarify location of the abuse, sequence of events, location of other persons at the time of the abuse.

Dolls

Anatomically-complete dolls can be a useful tool in interviewing a sexually abused child. They may be used to help a silent child talk or they may be used to clarify information the child has given you verbally.

If you have dolls, have them in view, fully clothed, before you begin the interview. You may introduce the dolls by either pointing to them or holding them in your lap. If you are holding the dolls, try to remember that the dolls symbolize the child. They should be held gently, in a cuddling fashion. If you are not comfortable holding dolls, leave them in a chair or sitting close together on a shelf. Tell the child the dolls are special because they have all their body parts. Tell the child she can look at them or undress them if she wishes.

Allow the child to approach the dolls. Do not hand the dolls to the child. It works much better if the child initiates handling the dolls. If the child does not want to handle the dolls, tell the child that it is okay and go back to drawing.

If the child wishes to use the dolls, allow her to explore the dolls for a few minutes with no comment on your part except approving nods, etc. The child may show embarrassment, laughter at the genitals. You could **ask the child what she calls the body parts** as she comments or touches the penis, vagina, rectum, etc.

Ask the child if she knows which is the girl doll, the boy doll, the woman doll, the man doll. Ask how she knows. (She will likely point out the obvious differences.) If the child has been abused, she may demonstrate aggression between the dolls by hitting them against each other or throwing them around. Make comments on what you are seeing: "He's hitting her, she's beating him up." (Sometimes abused children will symbolically beat their abuser by making the child doll beat the adult doll.)

The child may depict sexual acts in the doll play by putting one doll on top of another and making the dolls simulate sexual activity. Tell the child what you see she has the doll doing, "The man doll is on top, the girl doll is on the bottom, they are doing something. What are they doing? Can you tell me?" Do not interpret beyond this point, rather, ask the child if anything more is happening. If the child tells you or shows you more, keep listening and asking about more until the child says that is all.

Then ask the child if she knows any names to describe what she has been showing you. "Does the girl doll have names for it, does the man doll have names for it?" "What does the man doll say while it is happening, what does the girl doll say?" Ask if there are other people around, for example, "Where is the Mummy doll?" **Ask the child if she has seen this happen, and if she has, to whom it has happened.** If she says it has happened to herself, ask who was the offender ("person doing these things"), and then begin questioning about time, locations, frequency. The child will likely continue to play with the dolls and may attempt to head the conversation off topic. Allow her to play, tell her she is doing a good job, you know it is hard and she needs to help you by talking a little more until you are finished.

The dolls should be reclothed and put back in their places before the child leaves the room. The child may do this or you may help her. This activity symbolically tells the child that what she has shown you and spoken about are finished, the lid is back on and she does not need to talk anymore.

6. VALIDATING THE CHILD'S CREDIBILITY

A useful framework for validating the child's complaint has been developed by Dr. Susan Sgroi who has found that the presence of certain characteristics tend to enhance the credibility of the child's story:

a) The presence of multiple incidents occurring over time.

b) Progression of sexual activity from less intimate to more intimate types of interaction.

c) Elements of secrecy.

d) Elements of pressure or coercion.

e) The child should be able to give explicit details of the sexual behaviour. When establishing this criterion, the interviewer must review the methodology used in the interview and be satisfied that the methods used were conducive to allowing the child to articulate this information.

7. CONCLUDING THE INTERVIEW

A child disclosing sexual abuse has usually revealed her deepest, most confusing and frightening thoughts. The child needs praise, reassurance, protection. Give her as much information as possible about what will happen next. Ask the child what she would like to see happen next. Try to agree to one request (i.e. let her talk to her mother, have a drink, have something to eat).

You may wish to briefly explain to the child that what the person did to her is against the law and the police may lay charges against the person involved. If she asks if the person will go to jail, tell her that sometimes happens, but that the decision on that is up to a judge, and everyone involved would like to see the person get help so he stops doing these things.

If you have decided to take the child into protective custody, tell her that you will have to talk about this to a judge who looks after family problems and the judge will make a decision about her staying where she is safe.

Tell the child that you will be staying in touch and keeping an eye on her to be sure she is all right.

As the interview ends, you may be entrusting the child to another adult. (It may be a non-offending parent or it may be someone else.) Tell the person in front of the child that the child has done very hard work, you are pleased with her, that she is probably very tired. If you will be interviewing the child again, tell her so and give her an idea of when it may take place.

A Final Word to Interviewers

A children's therapist who was herself a victim of sexual abuse for many years as a young child has said that she wishes someone had given her the opportunity to "tell" when she was a child. She recalls looking at a teacher and wondering if she could tell this person but never had an opening she could use. Children need adults to listen to them carefully and seriously. Sometimes they need adults to help them express things that are very difficult to articulate.

These guidelines have been prepared in the hope that children will be protected from further abuse as more professionals become skilled in conducting investigative interviews.

The gentle but persistent progression outline in these guidelines has proven to be a helpful method in assisting children to disclose the secret of child sexual abuse.

Further reading

Child Sexual Abuse Protocol. The Metropolitan Chairman's Special Committee on Child Abuse, November, 1983.

"Talking to the Child Who May Have Been Sexually Abused — Suggestions for Reporting Professionals." The Metropolitan Chairman's Special Committee on Child Abuse, September, 1983.

Berliner, Lucy, Interviewing Child Victims, Guidelines for Criminal Justice System Personnel. Sexual Assault Centre, Harborview Medical Centre, Seattle, Washington, 1979.

Sgroi, Suzanne M., Handbook of Clinical Intervention in Child Sexual Abuse. Toronto: D.C. Heath and Company, Lexington Books, 1982.

B. Signals of Possible Abuse

It is important to remember that many of these indicators of abuse, in themselves, are not proof positive that abuse is occurring. There may be other explanations for isolated incidents that raise suspicion. However, when one of these signals is observed, particularly in families which are generally stressed, it is wise to look for other possible indicators and, if there is any doubt about the child's safety, inform the Ministry of Human Resources. The term parent refers to any adult assuming primary responsibility for a child's ongoing care. (See This Revised Edition, page v.)

1. INFANTS AND CHILDREN — MEDICAL INDICATORS OF PHYSICAL ABUSE AND NEGLECT

a) **Any major injury in children under one year,** including burns, not associated with a probable accidental history, for example house fire or auto accident.

b) **Any serious injury in infancy or childhood discovered by physical or x-ray examination** when a history of injury was withheld by the parent.

c) **Any serious injury in an infant or child who shows signs of neglect.**

d) **Any infant who fails to thrive,** for example, who demonstrates significant deviation from the normal pattern of growth and development without an obvious physical cause.

e) **Any infant or child who demonstrates lack of adult care** such as dehydration and/or malnutrition.

f) **A young infant who shows signs of multiple (three or more) injuries** of differing dates without an extraordinary and well-documented accidental history.

g) **Children with spiral fractures of the long bones,** produced by twisting, rare in children.

h) **Children with multiple rib fractures,** rarely accidental in infancy. Special attention should be paid to posterior rib fractures.

i) **Periosteal reaction along long bones and "corner" fractures** occurring together are non-accidental.

j) **Certain characteristic marks on the skin** such as those made by buckles, hands, and other objects of known shape may be easily recognizable. Bite marks are easily recognized, but size is significant to differentiate adult/child bites.

k) **Subdural hematoma in infancy,** especially in association with another injury.

l) **Duodenal hematoma in children** who have not had handlebar injuries.

m) **When a young infant is said to have injured himself,** this should raise suspicion.

n) **When a child has unmet health needs** of a serious nature, or when there is an undue delay in seeking medical help for the child.

o) **Children who have multiple bruises of varying age** in sites not exposed to trauma, especially in children not yet ambulatory.

p) **Spinal fractures in children younger than toddler age** are extremely unusual.

q) **'Stocking' burns and burns of unusual appearance** are suggestive of child abuse.

r) **Cigarette burns,** sometimes difficult to distinguish from infected skin ulcers, may be found on exposed parts of the body, such as hands, feet and face. They are small, circular and sometimes multiple.

s) **The combination of head injury, multiple fractures and external bruising** is classically associated with child abuse.

t) **Injuries such as gastro-intestinal hematoma** with obstruction or perforation and peritonitis may result from a physical attack on a child.

u) **Very young children who present with idiopathic seizures,** especially with widespread bilateral retinal hemorrhages, may be victims of the 'Whiplash Shaking Syndrome.'

v) **Repeated poisonings and/or accidents** raise questions of a disturbed family situation and a child at risk.

w) **A child who displays extreme fright,** watchfulness, passivity or catatonic postures under examination.

2. **INFANTS AND CHILDREN — MEDICAL INDICATORS OF SEXUAL ABUSE**

a) **Pregnancy** in a child.

b) **Venereal disease** in a child.

c) A child with a **urinary tract or vaginal infection,** or anal fissures.

d) A child, particulary a male, who presents **encopresis or enuresis,** especially secondary.

e) A child with **somatic complaints or abdominal pain** without physiological basis.

f) **Perineal bleeding or discomfort** in a child.

g) Adolescent girls with **depressive-suicidal reactions.**

h) **Bruising, soreness or injury** to genital or anal area.

3. PARENTAL BEHAVIOUR DURING MEDICAL SITUATIONS INDICATIVE OF POSSIBLE ABUSE

a) A parent who is vague about specific and important details of an injury that they would be expected to know about.

b) Parents who do not wait or show appropriate concern once a child is admitted for medical treatment.

c) Parents who do not visit a child or inquire about a child in hospital.

d) A parent who refuses consent for further diagnostic studies.

e) A parent who finds it difficult to recount sequences of events related to an injury or injuries, or gives a history with discrepancies, contradictions or inconsistencies.

f) A parent who has brought a child to medical attention several times recently for minor or non-substantiated complaints (may have sought this medical attention from several sources).

g) A parent who blames a third party for injuries to the child, especially when the third party is the child's sibling.

h) A parent who reveals an inappropriate awareness of the seriousness of the situation, either over- or under-reaction.

4. INFANTS AND CHILDREN — EMOTIONAL/BEHAVIOURAL INDICATORS OF NEGLECT AND ABUSE, PHYSICAL AND/OR SEXUAL

a) A child who shows marked behaviour changes such as regression, withdrawal, failure to measure up to his own potential in school, or a drop in school performance.

b) A child who inappropriately "takes over," begins to care for the parent's needs and worries about the parents.

c) Persistent absences from school, with or without parental consent, and/or parental disregard for school performance.

d) A child who fears adults or one particular individual.

e) A child who is very demanding of affection and attention.

f) A child who displays anxiety about authority and fearfulness about expectations.

g) A child who doesn't want to go home, or strongly objects to going to day care or school.

h) A child who displays frequent anger or anger inappropriate to the situation.

i) A child who frequently behaves in a way that provokes punishment.

j) A child who demonstrates a lack of attachment to the mother.

k) A child who shows fear of removing clothing in gym classes or in a doctor's office, or refuses to use toilet facilities when attending day programs.

l) A child who produces sexualized drawings not appropriate for age or development level.

m) A child who, in the absence of the parents, is inappropriately affectionate with strangers.

n) A child who is excessively demanding, strong-willed or precocious.

o) A child who is excessively clinging, has poor sleep patterns or is excessively afraid of the dark.

p) A child who runs away from home.

q) A child who expresses fear states: phobias, conversion hysteria.

r) A child who experiences depression, memory or concentration disturbances.

s) A child who shows an overly detailed, age-inappropriate knowledge of sexual behaviour or displays apparently "provocative" sexual behaviour.

t) A child with a preoccupation with sex in conversation.

u) A child who attempts sexual behaviour with other children, particularly younger children and perhaps in an angry, aggressive or controlling way.

v) A child who behaves in a frantic manner when the diaper is changed.

w) A child who demonstrates an extreme or unusual fear of particular areas of the house.

x) A child who has nightmares.

y) A child who describes occurrences of abuse.

z) A child who is persistently and significantly dirtier than the community standard. In an infant, this may be noticed by cradle cap or an unusual degree of diaper rash.

5. PARENT BEHAVIOURS THAT MAY INDICATE ABUSE

a) A parent who gives a child inappropriate food, drink or drugs.

b) A parent who dresses a child inappropriately for the situation or season.

c) A parent who leaves a small child unattended for extended periods of time.

d) A parent who leaves a child under 14 alone all night.

e) A parent who dwells excessively on his/her own needs and problems.

f) A parent who shows detachment from and/or lack of sensitivity to the child's needs.

g) A parent who shows evidence of temper, impulsiveness, loss of control or fear of losing control in relation to the child.

h) A parent who sees the child as "bad" or "different."

i) A parent who indicates a history of unwanted pregnancy or pregnancies.

j) A parent who has no one to "bail" her/him out when upset with the child.

k) A parent with inappropriate or unrealistic expectations of the child's behaviour or achievement.

l) A parent who misuses drugs and/or alcohol.

m) A parent who relates a personal history of highly critical and/or abusive parents, or a deprived childhood.

n) A parent who appears to be psychotic.

o) A parent who states the intention to do bodily harm to the children.

p) A parent who is unsympathetic and frequently criticizes the child.

q) A parent who is angry and defensive about school reports.

r) A parent who demands the school/day care centre use corporal punishment as a control method.

s) A parent who is dramatically self-centered and immature.

t) A parent who experiences dramatic depressive moods.

u) A parent who experiences social isolation, high mobility, transiency, who has few social resources and expresses feelings of loneliness.

v) Stepparents or common-law partners who are not the child's biological parent may be more likely to abuse.

w) Parents who do not want a child.

x) Parent/parent or parent/child conflict characterized by frequent violence.

y) Abusers may also be abusive toward their spouse.

6. POSSIBLE PERSONALITY CHARACTERISTICS OF ABUSERS, PHYSICAL AND SEXUAL

a) Abusers may be dominant in the home but submissive in outside interpersonal contacts.

b) Abusers may have rigid moralistic standards and may exercise excessive control of their child's social contacts.

c) Abusers may have problems with communication of feelings.

d) Abusers may appear as immature, with poor self-esteem, seeking to inappropriately fulfill their emotional needs through sexual contact.

e) Abusive parents may show an unusually high vulnerability to criticism, lack of interest or abandonment by the spouse or other important person, or to anything that lowers their already inadequate self-esteem.

f) Many child abusers are over-sensitive to rejection and yet their demanding natures seem to beg for rejection, particularly when confronted with their abusive behaviour.

g) Many abusers demonstrate a low tolerance for frustration, and aggressive, hostile reactions to conflict; often they are anxious and tense.

h) Abusers may see the child as the source of competition or symbol of the abuser's failure to meet role expectations; the adult's main personality feature in these situations is dependency.

i) The abuse reaction often follows the child's need for closeness and affection.

j) A main personality trait of some abusers is compulsiveness (excessively clean, neat, rigid, unfriendly).

k) Abusers may have unrealistic expectations of a child which are not age appropriate.

7. POSSIBLE CHARACTERISTICS OF THE NON-OFFENDING PARENT IN SEXUAL ABUSE SITUATIONS

a) The non-offending parent may be absent from the home for reasons such as employment or illness, leaving the child alone with the offender and creating a greater opportunity for sexual abuse.

b) The non-offending parent may play a subordinate or passive parenting role and be the recipient of ongoing abuse.

c) The non-offending parent may be insensitive to normal sexual development in children and therefore fail to recognize signs of sexual abuse.

8. PRENATAL INDICATIONS OF ABUSE RISKS

a) Mother initially denies pregnancy.

b) Mother has serious thoughts of aborting but changes her mind because of influences imposed on her, or actually attempts to abort and fails.

c) Mother does not make preparations for the baby.

d) Mother neglects or abuses her own health with increased consumption of nicotine, alcohol.

e) Parents display a negative attitude regarding the expected child, including the stress a new child will create in an already tense financial or marital situation, their expectations of the new child, and/or their extreme rejection of a child's gender.

9. HIGH RISK SITUATIONS

a) When a teenage, unmarried girl opts for keeping her baby but has no planned for or existing adult support.

b) Maternal or child illness, prematurity, neonatal complications or congenital abnormalities which may impair maternal-child attachment.

c) When there are difficult to handle problems in an infant such as colic, feeding problems or vomiting, poor or disrupting sleep patterns, sleep resistance, hyperactivity, poor eating habits or failure to thrive.

d) Where there are environmental problems such as poor housing, overcrowding, repeated financial crises, unemployment, or frequent moves.

e) Acute or chronic illness in the parent or severe post partum depression.

10. POSSIBLE SITUATIONS PRECIPITATING THE ABUSE CRISIS

a) The crisis is often of a social, marital or economic nature.

b) The crisis may not be severe but, to the individual concerned, may be overwhelming.

C. Protocols

Introduction

The following are suggested guidelines for the development of a co-ordinated inter-agency community protocol. Any protocol should follow the procedures outlined in each section of the handbook for the individual ministries, but a community protocol will be more specific in identifying contact persons and describing the ways in which they will proceed in individual case situations. Protocols will vary from community to community depending upon local requirements, manpower, and community resources, and may differ for physical abuse and for sexual abuse. It is recommended that a community protocol be in writing and that copies be held by each of the participating ministries and agencies.

Wherever appropriate, specific contact persons for each ministry/agency will be identified, but where turnover is frequent the identification of a position rather than a person may be more appropriate. A community protocol will provide the structures to facilitate the co-ordination of the response of all of those who are or may become involved in child abuse situations. It will improve communication, help to avoid gaps in service or duplication of effort, and ensure that there is minimal delay in the processing of each case.

A co-ordinated inter-agency approach requires that issues of confidentiality be resolved to allow, to the extent possible, the open sharing of information among ministry representatives, particularly during the investigative stage, to ensure the safety of the child. Confidentiality issues in an inter-agency approach may require excluding outside agencies from some parts of the meetings or having some meetings which are for involved ministry staff only. Case-specific information will be shared on a need-to-know basis only. (Family and Child Service Act, Section 22.)

A community inter-agency protocol should include procedures for the effective co-ordination of those involved during each stage of a child abuse response. The following list is a starting point only. The protocol may address issues in addition to the essential items listed below. It is important that the inter-agency protocols be reviewed and revised as required to remain current.

1. Reporting

General reporting procedures:

— Identification of specific individuals within each ministry/agency for receiving reports.

— How reports will be made — telephone, face-to-face contacts, and written.

— Ensuring Ministry of Human Resources and police receive immediate reports.

Particular procedures for reporting in organizations such as schools and hospitals.

Interviewing the reporter:

— Involvement of police and Ministry of Human Resources in joint interview.

2. Investigation and Assessment

Clarifying roles and responsibility:

— police, social worker, medical health officer, etc. regarding the investigation of a report.

— when a ministry/agency responsibility ends (when it is determined that there is no criminal or no protection issue involved).

Sharing information from records (e.g. CPIC, MHR files, medical records):

— Mechanisms for sharing information.

— Constraints on sharing information.

Interviewing the child:

— Joint interviews by police and social worker.

— Use of anatomically correct dolls.

— Use of audio visual equipment.

— Provision for a support person for victim.

— Place of interview, selection of appropriate neutral setting, use of school premises.

— Responsibility for advising parents (who and when).

— Arranging for medical examination.

Obtaining medical evidence:

— Ensuring awareness of special considerations in medical evidence required in court, and who is responsible for obtaining the evidence.

Interviewing the alleged offender:

— Ensuring police have opportunity for first interview.

Interviewing other family members.

Interviewing other witnesses.

Procedures where immediate intervention required for protection of child.

Determining action:

— Use of consultation with individuals involved in co-ordinated network.

Providing support for victim/non-offending parent:

— referrals to community agencies.

— constraints on information sharing with community agencies.

3. Intervention

Providing support to child and family. How and when to call in victim support groups, referral to other agencies.

Intervention strategies/responses (e.g. removal of the alleged offender from the home; arrest and detention of the alleged offender; bail conditions; apprehension of the child).

Timing of court proceedings and sharing of information where a protection hearing and a criminal prosecution are involved:

— Necessity for cases to move quickly through the court system.

— How to make best use of evidence/witnesses common to each proceeding.

Consultation among police, Crown counsel and Ministry of Human Resources regarding specific aspects of child sexual abuse cases such as charges, bail recommendation, recommending and enforcing court orders, with the understanding that final decisions rest with the responsible agency.

Preparing child and non-offending parent for court proceeding.

Determining appropriate follow-up.

Keeping each other advised of progress and changes in status of offender.

Conflict Resolution:

— When two ministries are in conflict on a course of action, how and with whom to resolve.

NOTE: Many of the above issues will apply whether or not there is a court proceeding.